Identification and Assessment of Social Emotional and Behavioural Difficulties (SEBD) Among Children With and Without Special Educational Needs (SEN) based on Parent and Teacher Perceptions: A Comparison Study

Thesis

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Identification and Assessment of Social Emotional and Behavioural Difficulties (SEBD) Among Children With and Without Special Educational Needs (SEN) based on Parent and Teacher Perceptions: A Comparison Study

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Abstract

Parents and teachers define, identify and perceive in various and diverse ways the concept of 'special educational needs' (SEN), which might lead to different interpretations as to what can be considered problematic and what cannot (Laluvein, 2010; Kristoffersen, et al., 2015). This study aimed to assess and compare the views and perceptions of parents and teachers of children with and without Special Educational Needs, on Social, Emotional and Behavioral Difficulties (SEBD). The purpose is to present an overall picture of the situation, to provide an indication of the existence or absence of agreement between parents and teachers concerning children's social emotional and behavioural problems and subsequently make suggestions and recommendations to facilitate both educators and parents to acknowledge and attend more efficiently to children's needs. Parents and teachers of 77 children, aged 6 to 13 years, with (n = 24) and without (n = 53) Special Educational Needs from a mainstream school in the rural area of Nicosia, Cyprus, took part in the study. Assessment of behaviour problems from both parents and teachers were obtained from the Child Behaviour CheckList 6/18 (Achenbach and Rescorla, 2001) and the Teacher Reference Form 6/18 (Achenbach and Rescorla, 2001) respectively. Additionally, semi-structured interviews were used with 5 parents and teachers, complementary of the questionnaires. The data were analysed using the Assessment Data Manager software and the Statistical Package for Social Sciences 21. The key findings suggest that parents and teachers of children with SEN agree more compared to parents and teachers of children with NoSEN. It also emerged that parents of children with SEN tend to report more internalizing, externalizing and total/overall problems compared to teachers (e.g. anxiety, depression, withdrawal, rule breaking and aggressive behaviour, jealousy,

social issues). Furthermore, gender variance was found, with parents of children in both groups (SEN and NoSEN) viewing boys differently compared to girls. Regarding the latter, parents of children in the SEN group view girls as exhibiting more internalizing and overall difficulties (which is the sum of all scales namely internalizing, externalizing, thought problems, attention problems and social problems) compared to boys, while parents of children in the NoSEN group view boys as exhibiting more internalizing and overall difficulties.

Key words: SEBD, EBD, Special Educational Needs, Parents, Teachers, Internalizing, Externalizing

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Glossary

A/D	Anxiety/Depression
AAIDD	American Association of Intellectual and Developmental Disabilities
ABA	Applied Behaviour Analysis
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
BESD	Behavioural Emotional and Social Difficulties
CBCL 6/18	Child Behavior CheckList 6/18
CERE	Centre of Educational Research and Evaluation
DBD	Disruptive Behavioural Disorders
DCD	Developmental Coordination Disorder
DD	Developmental Delay
DSM	Diagnostic and Statistical Manual of Mental Disorders
EBD	Emotional and Behavioural Difficulties
ECEC	Early Childhood Education and Care
ED	Emotional Disturbance
E-Risk	Environmental Risk
GLD	General Learning Disorder
ICC	Interclass Correlation Coefficient
ID	Intellectual Disability
IEP	Individual Educational Program

IQ	Intelligence Quotient
LD	Learning Difficulties
LI	Language Impairment
LONGSCAN	Longitudinal Studies of Child Abuse and Neglect
MR	Mental Retardation
NoSEN	No Special Educational Needs
OA	Overt Aggression
ODD	Oppositional Defiant Disorder
PDD-NOS	Pervasive Developmental Disorder – Not Otherwise Specified
PE	Physical Education
PI	Parental Involvement
QOL	Quality of Life
SCARED-RP	Screen for Child Anxiety Related Emotional Disorders-Revised
SDQ	Strengths and Difficulties Questionnaire
SEBD	Social Emotional and Behavioral Difficulties
SEELS	Special Education Elementary Longitudinal Study
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SES	SocioEconomic Status
SIB	Self-Injurious Behavior
SLCN	Speech, Language and Communication Needs
SLD	Speech and Language difficulties
SLI	Specific Language Impairment

SpLDs	Specific Learning Difficulties
SSC	The Simons Simplex Collection
SSLD	Specific Speech and Language Difficulties
TA	Thematic Analysis
TD	Typically Developing
TLD	Typical Language Development
TRF 6/18	Teacher Reference Form 6/18
WB	Withdrawn Behaviour

I. Introduction

The focus of this thesis, which is strongly linked with my professional life, is the exploration of parents' and teachers' views and perceptions of social, emotional and behavior problems in children with and without special educational needs. Having been a special education teacher since 2001 in mainstream as well as special schools across Cyprus, I was intrigued and fascinated by the different dynamics that come to interplay in the relationship between parents and teachers (both special education teacher and general classroom teachers) of children with and without special educational needs as well as their different or similar views and perceptions of the child's abilities, capabilities and competences. Furthermore, attending countless Individual Educational Program (IEP) meetings throughout the years with both parents and teachers, I have witnessed situations ranging from total agreement to total disagreement and all the ground between.

I remember meeting Christopher[1], a seven-year-old boy diagnosed with a rare syndrome, attending a special educational needs unit in a rural mainstream school in Cyprus. I was Christopher's special education teacher for many years and for the most part, I remember having a very good relationship with both, Christopher and his mother (I only met his father once during an IEP meeting) and that our views and perceptions mostly coincided. However, there were times that I thought that we were not even remotely on the same page. For instance, behavior manifestations that I thought were serious and should be addressed more thoroughly (i.e. extremely aggressive behavior

[1] pseudonyms are used throughout the thesis

towards others) would be dismissed by the mother as being just a phase or that it's because he did not sleep well the previous night.

And I also remember meeting Peter, a Year 2 student in another mainstream school in the rural area of Nicosia, Cyprus. Peter was diagnosed with Developmental Delay and Speech and Language Difficulties and was receiving special education and speech therapy two times a week. I remember talking with Peter's teacher[2] every single day during the breaks, listening to what Peter had done that day, how disruptive and dangerous his behavior has been, which child he chose to hit that day and I remember trying to figure out ways to help both. During the IEP meeting with the parents, I also vividly remember the father verbally attacking the teacher because he believed that his child would never do that and calling the teacher a liar. By the end of the school year, and after countless meetings with all the educational professionals involved with the child (the headmistress of the school, the teacher, the Special Educational Needs Coordinator/SENCo, the educational psychologist etc.) and the parents, Peter became the 6th student of the special education unit. He showed great improvement in all areas (academics, behavior, social behavior as well as speech and communication). Peter benefited greatly from this change of educational setting and by the end of year 3 he learned to read and write, made friends and demonstrated socially acceptable behavior … Peter was happy and so were his parents.

Another reason for undertaking this study, is the fact that as part of my MEd, I explored the prevalence of social emotional and behavioural problems among children with and without special educational needs, based solely on the views and perceptions

[2] The term teacher also applies to the term classroom teacher, mainstream teacher and general teacher throughout this thesis

of the children's parents. The key findings were the starting point that urged me to take that research one step forward by also including teacher reports.

In the vast field of child and educational psychology, professionals must work with extremely diverse and unique individuals, of different family origins and age as well as various individual needs (Soles and Roberts, 2014). Challenging and hard to manage behaviour in children and young individuals – has always existed and manifested itself in different settings (i.e. in homes, in schools and in the community) (Leadbetter, 2013). As an extremely diverse and unique group of individuals, with different family origins and age as well as various individual needs, children with social, emotional and behavioral difficulties (SEBD) exhibit a wide range of often diverse and challenging behavioral patterns (Soles and Roberts, 2014). Children exhibiting SEBD – a disorder described by Blum (2007) as 'ambiguous, controversial, and invisible' (p. 203) – pose a real challenge to all agents involved in a number of ways, since their needs, along with the disruptive nature of their behavior compose one of the most difficult SEN groups to manage (Willmann, 2013). They can be reserved and solitary, disorderly and troubling, highly energetic and with substantial difficulties in many aspects of development and behavior, in concentration and in socialization, as well as exhibiting hard to manage behaviors originating from a plethora of other special needs (DfES, 2014).

Teachers in schools worldwide devote a lot of time and effort on managing and supporting individuals with problematic and challenging behavior and at the same time trying to establish a safe and secure school environment for everyone (Gardon, 2012). They have a very important and influential role in children's lives (Armstrong and Hallett, 2012) and can play a key role in the design and implementation of intervention

programs within school settings (Poulou, 2005). Teachers spend more time with children compared to any other individual within school settings, a fact that enables them to identify and subsequently refer students who are at risk for Emotional and Behavioral Disorders (Conley et al., 2014).

Parents also have an important role when it comes to their children's education and can be a valuable source of information, especially when children with Special Educational Needs are concerned (DfES, 2014). Parental roles in the education of children with disabilities 'show a level of complexity and intensity not generally found in the population' (Dunst and Dempsey, 2007, p. 305), since parents of children with SEN are confronted with many challenges which can be 'life changing and heart breaking' (Logue, 2009, p. 5) and their involvement is of great importance in order to achieve positive and successful outcomes in various areas e.g. educational, developmental, therapeutic (Dunst and Dempsey, 2007).

Therefore, treating them as partners, listening and valuing their opinions, wishes, feelings, views and perspectives, can enhance to a great extend the work of education professionals (DfES, 2014). Acknowledging and valuing parental perceptions, involving them more frequently and including them within school activities, will convey the message that the school personnel and the parents are members of a real team working together to create a nurturing learning environment (Staples and Diliberto, 2010). Fialka et al. (2012) as well as Morrow and Malin, (2004) believe that relationships between parents and education professionals are most effective and valuable when they represent true partnerships. However, for a partnership to be successful and reciprocity being a key feature, there are some other essential features that must be present i.e. respect, trust and honesty, mutually-agreed and common goals, planning as well as decision making (Keen, 2007).

In sum, in the previous paragraphs, I have shown that my experience as a Special Education Teacher, the findings from my MEd research as well as my past and current knowledge (deriving from reviewing the literature on SEBD), brought about a series of unanswered questions. All these factors acted as the starting point and my motive for producing this thesis, which was to explore whether the views and perceptions of parents and teachers of children with special educational needs and without coincide.

1.1. Research Objective

Parents and teachers have different views and experiences, a 'different kind of knowledge' (Laluvein, 2010, p. 164) that may influence their perceptions regarding what is problematic and what is not (Maes and Grietens, 2004). In this line, Crane et al. (2013) highlight the importance of examining and investigating the extent to which adults – such as parents and teachers – share common perceptions and agree on the criteria, which determine whether the child has a problem or disability. Additionally, apart from the subjective nature of evaluating and assessing behavior, Dinnebeil et al. (2013) proposed yet another dimension to the necessity of examining parent – teacher congruence especially concerning children with disabilities because their manner of communication and/or behavior present significant differences compared to their typically developing peers.

Keeping this in mind, the aim and objective of the research is to provide answers to the following question:

- Do teachers' and parents' perceptions coincide when it comes to acknowledging and reporting problems (namely internalizing, externalizing, thought, social and overall problems) of children with and without Special Educational Needs?

II. Literature Review

'Social, emotional and behavioural difficulties (SEBD) among school pupils represent a unique problem within the educational sphere. No other educational problem is associated with such a level of frustration, fear, anger, guilt and blame'.

Paul Cooper (2008, p. 13)

There is no shortage of definitions when it comes to social, emotional and behavioural problems in children and youth, accompanied by substantial arguments regarding their aetiology and interpretation (Taylor – Brown, 2012). This becomes evident by the plethora of terms used to define and describe these difficulties i.e. Social Emotional and Behavioural Difficulties (SEBD), Behavioural Emotional and Social Difficulties (BESD), Emotional and Behavioural Difficulties (EBD), Severe Behavioural Difficulties (Taylor – Brown, 2012). Going through the online library of the Open University and searching for journals and articles that contained whether the acronyms EBD, BESD, SEBD, ED etc or whole phrases depending on the topic of interest (e.g. behavioural difficulties, emotional difficulties,), produced a substantially vast number of results. Thus, exclusion criteria were used which were, among others, the publication date (maximum up to 3 or 5 years old) and written in English. Advanced search was also used which allows the combination of key words or phrases that can be found either in the title or in the entire article e.g. SEBD and parents, SEBD and teachers, SEBD and comorbidity.

Cole et al. (2013) attempted to discuss the terminology and the inconsistent usage of the terms, by acknowledging the significance that the order and choice that the

letters have when referring to SEBD compared to other acronyms. Furthermore, they justified their preference to EBD by stating that it was chosen to avoid incorporating a more complex aetiology concerning these children's needs. Cole and Knowles (2011) argued that by positioning the 'behaviour' component first, could highlight the behavioural component compared to all others (i.e. social and emotional) which in turn can influence professional perceptions and views of the situation and subsequently influence and guide the way they will respond to it. However, for the purposes of their book, they preferred to use the term BESD but assigned their own wording to the letters, where BESD stands for either 'Behaviour difficulties mainly caused by disrupted or unusual Emotional and Social Development' or 'Biological, Emotional and Social Difficulties' (p. 19).

Alternatively, Bilton and Cooper (2013) chose to use the term SEBD because it encompasses all issues of concern, namely social and/or emotional and/or behavioural. All these elements are thought of interfering and impeding the interaction processes in various settings between the individual concerned – on a personal level – as well as the individuals around him/her. In addition, Cooper et al. (2013) attribute a responsive quality to SEBD, as being a dynamic interaction between an individual's psychological and biological traits and environmental factors.

Based on the information discussed above, it becomes evident that the terminology used when attempting to describe social, emotional and behavioral difficulties can be thought of as being both diverse and complementary and that each scholar's preference in the use of the term is largely influenced by his or her theoretical standpoint. The following section presents some of the most commonly used definitions and classifications of SEBD.

2.1. Defining Social, Emotional and Behavioural Difficulties:

Classification and definition of SEBD are both significant and interesting, because they involve nearly all other aspects in the field of education for children with emotional and behavioural disorders (Cullinan, 2004) and at the same time enables teachers to become more efficient in identifying and implementing evidence-based practices for them (Gulchak and Lopez, 2007) i.e. labelling the difficulty and 'matching' the label to appropriate intervention. Alternatively, Macleod (2010) suggests that the term SEBD is complex, subjective and vague, and overlaps with other terms while Kauffman and Landrum (2013) emphasize the importance of having definitions and highly acknowledges their partly subjective nature. They believe that by taking into consideration social norms, cultural rules and community expectations for behaviour and an individual's level of deviance from the norm, requires subjective judgment. Thus, formulating a single definition that can be applied to all social agents is impossible.

According to Cooper (2012) cited by Forlin and Cooper (2013) children with SEBD exhibit acute behavioural patterns and emotion which negatively influences learning and other social aspects of behaviour and/or can also be an indicator of a more serious emotional problem which can manifest itself as social withdrawal and avoidance of social contact which in turn impedes the formation of meaningful social relationships and participation in the learning process. In Coopers' words (2012, p. 58), SEBD are:

> '… characterized by displays of behaviour and emotion which are experienced as being severely disruptive to learning and other social environments (as a result of oppositional, defiant and/or actively or passively aggressive behaviour) and/or disturbing because they indicate the presence of serious emotional problems in the form of extreme withdrawn behaviour, a tendency to avoid social contact and fearfulness, and self-harm/suicidal ideation, which interfere with social relationships and engagement in learning and other processes'.

Accordingly, Emerson (1995) cited by Roberts et al. (2003) describes abnormal behaviour as being so intense, frequent and persistent that it can potentially jeopardise the physical wellbeing of an individual – and consequently those around him/her – or as the behaviour that can impede and limit the everyday normal functioning of an individual and his/her usage of everyday community resources. Landrum et al. (2014) provide their own definition on SEBD and describe it as 'an extreme, chronic condition that does not respond to typical interventions' (p. 69). In other words, it is not the behaviour itself that characterizes SEBD but the severity and the intensity of the behaviour as well as the duration of its manifestation (Fovet, 2011).

Cooper and Tinkaz (2007) propose that SEBD can be best perceived as an 'umbrella term' (p. 13) containing a wide and diverse range of patterns of behaviours ranging from externalizing to internalizing and all the ground in between. Accordingly, the Special Educational Needs and Disability Code of Practice (DfES, 2014), clearly states that children and young individuals may experience a broad range of social and emotional difficulties which may become noticeable in numerous ways (i.e. by being withdrawn or isolated - internalizing behavioral patterns, as well as displaying challenging, disruptive or disturbing behaviors - externalizing behavioral patterns). These behaviors may indicate underlying mental health difficulties (e.g. anxiety or depression, self-harming, substance misuse, eating disorders) or medically unexplained somatic symptoms while other individuals may have disorders such as Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD) or Attachment Disorder (DfES, 2014).

The externalizing behavioural patterns are externally oriented behavioural manifestations, including aggression, conduct problems, delinquent behaviour,

oppositionality, hyperactivity, and attention problems, whereas the internalizing behavioral patterns which are internally oriented, include anxiety, fear, sadness/depression, social withdrawal, and somatic complaints (Willner et al., 2016). The main difference between externalizing and internalizing behavioral patterns is that while externalizing behavior is directed outwards the internalizing behavior is direct inwards the individual. Thus, whilst internalizing behavioral problems are well-defined by emotional and/or mood problems, externalizing problems are characterized by difficulties in behavior regulation (Graber, 2004, cited by Yip et al., 2013).

Taking into consideration the information discussed above, it becomes evident that definitions are largely dependent on social and cultural norms, rules and expectations. However, most definitions share some common characteristics when describing SEBD, with those characteristics being the severity, the intensity as well as the long duration of the exhibited behaviour, which can be internally and/or externally oriented.

2.2. Externalizing and Internalizing Patterns of Behaviour:

Achenbach (1982, cited by Gresham and Kern, 2004), suggests that childhood behaviour problems can be classified as being either internalizing or externalizing, which – in either form – can obstruct the development and adjustment of these individuals and cause problems not only for themselves but also for the people around them (Gresham and Kern, 2004). Similarly, Vaughn and Bos (2002, cited by Soles et al. 2008) suggest that the dual nature of SEBD is highlighted by representatives from the fields of psychology and education through the acknowledgment of the simultaneous existence of both an internalizing and externalizing component.

2.2.1. Externalizing Patterns of Behaviour:

Externalizing behavioral difficulties are listed among the most dominant mental health problems (Fernandez Castelao and Kröner-Herwig, 2014) along with emotional disorders, autistic spectrum disorders, psychotic disorders, eating disorders, substance and drug abuse (Poulou, 2013). They cover a broad range of readily observable manifestations of behaviours expressed by children (Grigorenko, 2014), directed outwardly toward the social environment and are characterized by an under controlled and outer-directed manner of responding (Gresham and Kern, 2004; Willner et al., 2016), which leads to conflicts with other people and their expectations of the child's behaviour (Achenbach and Rescorla, 2001). In other words, others can experience these patterns of behaviour as being disruptive, antisocial and/or confrontational (Cooper, 2005). Within the school setting, children who exhibit these problematic behaviours usually present challenges in the classroom, which much too often result in poor academic performance (Furlong et al., 2004). For instance, on academic performance Gage et al. (2017) in their research on the relation between academic achievements of students with EBD by analysing data from a weighted sample of 39,561 students deriving from the SEELS database (Special Education Elementary Longitudinal Study) concluded that students with EBD failed to reach academic success across time and remained significantly below the mean in both reading and mathematics in elementary school.

Externalizing behavioral patterns cover different types of behaviors that develop in numerous ways and produce different outcomes (Bongers et al., 2004) while following different developmental trajectories, which are changes that can occur in both the form and severity of these behaviors (Reef et al., 2010). Numerous studies relating

to the risk factors of emotional and behavioral difficulties propose different reasons of causality. For example, Grigorenko (2014) suggests possible family-related risk factors, as well as heritability and genetics while Fanti and Henrich (2010) report both family and the child's individual characteristics. Additionally, on overt aggression, Lubke et al. (2017), in their longitudinal study on genetic and environmental contributions to aggression, using a large sample of 42,827 twins aged 3 to 16 years from the Netherlands Twin Register highlighted the heritability factor of overt childhood aggression (OA) especially between the ages 3 to 6 years and concluded that OA is highly influenced by the same genes throughout childhood.

Joussemet et al. (2008) in their study of controlling parenting and physical aggression, found that significant risk factors for physical aggression among children aged 6 to 12 years were children's (especially boys) reactive temperament, parental separation, maternal age (very young mothers) as well as the mothers' controlling parenting. In the same light, Reising et al. (2013) propose that chronic stress related to parental depression, negative parent – child interactions and continuous exposure to stressful family environments as well as financial difficulties may lead to an increased risk for both internalizing and externalizing problems. In their study, comprising of 180 children and adolescents of depressed parents (aged 9 to 15 years) they found that disrupted parenting (withdrawn or intrusive parenting) was associated with children's internalizing and externalizing symptoms.

Some additional risk factors that appear specific to externalizing problems include gender and specifically males from low-resource families (Bertrand and Pan, 2013; Kristoffersen et al., 2015), high parenting stress (Neece et al., 2012), poor social support and use of poor-quality childcare services (Bayer et al., 2008) as well as having siblings (Buist, 2010). Stoutjesdijk et al. (2016) in their study on the impact of family

functioning on classroom problem behavior of children with EBD, using a sample of 84 children (of which 85% were boys) with EBD for whom both parents and teachers provided information, concluded that poor family functioning and especially poor communication, a conflicting partner relationship as well as absence of social support, were highly associated with later manifestations of problem behaviors, of internalizing and externalizing kind.

Buists' (2010) work on sibling relationships and delinquency, showed a connection between older and younger sibling delinquency for all gender combinations and among the possible explanations for her findings were modelling, exposure and availability, as well as sharing the same friends. Furthermore, in a more recent meta-analysis based on findings from multiple studies on sibling relationship quality and psychopathology, Buist (2014) reported that individuals with warmer and less conflictive sibling relationships as well as the ones who are exposed to less differential treatment show significantly less problem behavior.

Adding to the possible risk factors for externalizing behavior, Buschgens et al. (2010) reported that parenting styles (emotional warmth, rejection, and overprotection) are main predictors of externalizing behaviors in preadolescents. Accordingly, Fletcher and Johnston (2016) in their study on parenting behaviors and externalizing behaviors, using a sample of 371 mother and child pairs recruited from nine elementary schools located in a southeastern county in the United States concluded that parenting which emphasizes punishment or is inconsistent is unsuccessful in producing either positive or negative changes in the child's externalizing behavior. Campbell et al. (2010) suggested that the qualities of mother – child relationship predict longitudinal patterns of aggressive behavior for both boys and girls while Ryan and Claessens (2012) in their work on family structure and children's behavior, using data from the Maternal and

Child Supplement of the National Longitudinal Survey of Youth with a sample of 3,492 children, found that changes in family structure and more specifically the change from a two – biological parent family to a single – parent family was linked with significant increase in problematic behavior.

In my understanding from reviewing the literature, externalizing behavioral patterns present different, in both form and severity, types and expressions of challenging behavior, influenced and brought about by a considerable number of possible causal factors. Among the causal factors proposed by different researchers are familial characteristics (e.g. parental separation, parenting styles, physical aggression, low-income, maternal age, parental mental health, family structure), heritability and genetics as well as the child's characteristics (e.g. temperament). However, it is important to note that, according to Kauffman and Landrum (2013), when considering risk factors, emphasis should be placed in the word 'risk', which is the chance of occurrence. They believe that it all comes down to possibilities and when risk factors co-occur (e.g. familial history of mental illness, marital problems, the child's temperament, harsh parenting style) there is an increase in the possibility of occurrence of EBD compared to when there is only one risk factor present.

2.2.2. Internalizing Patterns of Behaviour:

Internalizing behaviour difficulties, including anxiety and depression are among the most common types of psychopathology (Morris and Oosterhoff, 2016), characterized by an overcontrol of emotions (Ho-Hong Ching et al., 2014) including social withdrawal, demand for attention, feelings of worthlessness or inferiority and dependency. Internalizing behavior problems are by nature less evident and noticeable than externalizing problems; however, they may cause significant adjustment problems

in later life (van der Voort et al., 2014) i.e. on daily functioning activities and even more on peer relations and school readiness (Bayer et al., 2011). Kauffmann and Landrum (2013) report that a considerable number of individuals who commit or attempt suicide have a history of EBD. Due to the nature of these characteristics, internalizing problems often go by unnoticed, especially within the school settings (Kauffman and Landrum, 2013) and despite the tendency not to identify these students, it is extremely important to do so at a very early point in time to have the best chance at dispelling these potentially serious behavioural patterns (Gresham and Kern, 2004). Kauffmann and Landrum (2013) highlight the importance of preventing depression because childhood depression – in its acute and chronic form – is associated with adult maladjustment and suicidal behaviour.

According to Bayer et al. (2011) temperamental inhibition, defined by Bayer et al. (2009) as 'biologically-based withdrawal from novelty' (p. 5) along with overprotective/controlling parenting style consist the two most significant risk factors of internalizing problems. On parenting style, van der Sluis et al. (2015) reported that parental control influences children's internalizing manifestations while Boomsma et al. (2005) in their work on genetic and environmental influences on Anxious/Depression (A/D) during childhood reported that at ages 3 through 12, A/D is influenced significantly by genetic factors.

In the same light, Hoekstra et al. (2008) reported that individual differences in Withdrawn Behavior (WB) were largely influenced by genetic effects at all ages and for both genders. Additional risk factors include parent mental health problems (particularly depression and anxiety), marital problems (separation/divorce), parent illness/death, daily stressors, the child's physical health problems as well as attachment-related difficulties (Bayer, 2008).

When reviewing the literature and in my understanding, internalizing and externalizing difficulties share common ground on causal factors. For instance, familial characteristics (e.g. marital problems, parenting style, separation/divorce, parent mental health problems), genetics (e.g. temperamental inhibition) as well as the child's characteristics (e.g. physical health problems, attachment-related difficulties) are well documented risk factors for the occurrence of both, internalizing and externalizing behavioral difficulties.

Despite the way internalizing problems are classified (i.e. anxiety, depression, social withdrawal etc) they may possibly co-occur with other internalizing disorders and /or even with externalizing problems. On comorbidity with externalizing disorders and despite their obvious distinctiveness, internalizing and externalizing disorders are positively correlated (Willner et al., 2016; Kauffman and Landrum, 2013). Additionally, Willner et al. (2016) propose that either comorbidity escalates over time, as initial symptoms can develop into risk factors thus causing additional symptoms from the other spectrum (i.e. externalizing or internalizing) or is stable over time, denoting the impact of a shared underlying characteristic that increases susceptibility to both spectrums across the life span.

Additionally, Hills et al. (2009, cited by Kauffman and Landrum, 2013) argued that the presence of both disorders constitutes a critical issue in attempted suicides and considered impulsivity as a significant factor. Bayer et al. (2011) support the comorbidity of internalizing and externalizing behavioral problems and highlight the underlying causal factors they have in common (i.e., harsh discipline, parent mental health problem). As Kauffman and Landrum (2013) suggest, comorbidity is not the exception but the rule among these individuals.

2.3. Causality and Roots of SEBD:

Throughout the years, people in every culture had theories and developed ideas about the causes of disturbing human behavior and tried to link those presumed causes to procedures that would eliminate, control or prevent deviant acts (Kauffman, 2005). Each scholar presents an explanation of human behavior and proposes methods and strategies for intervention and change. Thus, scholars who disagree about what constitutes EBD at a theoretical level, a fact evident by the plethora of definitions and acronyms used, are unlikely to agree on a universal and practical definition nor on what should be done and how, in terms of prevention (Kauffman and Landrum, 2013) with Algozzine (2017) arguing that regardless of the attempts to define '… emotional disturbance, behavior disorders and many other 'disabilities' [these] are actually in the eye of the beholder' (p. 141).

However, a considerable number of markedly different conceptual models, a set of assumptions as to why some individuals behave in a certain manner and the best way to address these issues (Kauffman and Landrum, 2013), have been proposed over the years with their objective being to describe the exact nature of EBD and subsequently propose effective intervention techniques and programmes. Thus, causality, defined by Cook and Ruhaak (2014) as 'a relation between two or more phenomena in which one variable causes or brings about the other' (p. 97), is extremely significant in the field of EBD, in a plethora of ways, from assessing and defining the causes of behavioural problems to deciding which practice / intervention will produce better results.

Disagreement over the roots of SEBD often revolves around issues of causality, with researchers debating about the dominance of biological, social or psychological factors (Cooper and Jacobs, 2011 cited by O'Riordan, 2015). Some consider social

influences, especially family and particularly parent – child conflicts (Burt et al., 2005), physical and relational aggression as well as association with deviant peers (Ostrov and Bishop, 2008) as reasons for children developing SEBD. Others, favour a psychological perspective and suggest that disruptive behaviour conveys a meaning, is an expression of need and that it can be thought of as being a defence mechanism employed unconsciously by the child when needed (Nash et al., 2016). Others classify risk factors in certain domains such as individual, family, peer group as well as exposure of children to risk factors in specific contexts e.g. neighbourhood and school attended (Loeber et al., 2009) as others, who also favour genetic (heritable) and genomic influences also acknowledge the possibility that specific phenotypic outcomes might or might not manifest in some environments (Grigorenko, 2007; Grigorenko, 2014). Temperament, a 'biologically influenced clusters of behaviours that are characterized by a relevant stability across developmental stages' (Grigorenko, 2014 p. 134) which individuals respond to the environment (McCreery, 2016), along with overinvolved/protective parenting practices have been suggested as the two significant factors for the early-onset and development of behavioural problems (Loeber et al., 2009; Bayer et al., 2011).

However, although all these factors seem to greatly influence the development of EBD, researchers have yet to distinctly separate one factor from another (Cook and Ruhaak, 2014). Kauffman and Landrum (2013) identified four broad types of causal factors for EBD: biology, family, school and culture, what they called 'a tangled web of causal factors' (p. 161).

2.3.1. Biology and Genetics

Genes greatly influence the development of all types of behavior (Kauffman and Landrum, 2013). However, behavioral manifestations and characteristics are not

governed exclusively by genes and heredity, and do not operate autonomously of environmental and psychological influences (Kauffman and Landrum, 2013). On the matter, Grigorenko (2007) states that 'if one considers the possible combinations of genetic and environmental risk factors the number approaches infinity' (p. 22). Cooper (2014) proposed a 'bio-psycho-social' approach which suggests that nature (genetics) and nurture (environment) interact with and influence one another. O'Riordan (2015) complements this notion and further adds that the relationship between bio-genetic and psychosocial factors is not causal; she also cites Bronfenbrenner and Ceci (1993), who suggested that although environmental factors can increase the possibility of the development of SEBD, they can also protect the individual against genetic risk factors. On the latter, Pingault et al. (2015) in their research on stability of conduct disorder over time and using a large number of twins (10,038 twin pairs from the Twins Early Development Study), suggest that genetics can explain why some children tend to increase or maintain their conduct problems while others don't. Genetics may be accountable for individual differences in aggression and its continuity over time, however, environmentally influenced processes might explain individual differences in the developmental trajectory of conduct disorder (Pingault et al., 2015).

On genes, Boeld et al. (2012) also suggest positive parenting as a factor. They acknowledge the fact that although parenting is thought of as an environmental variable that directly influences behavioral manifestations, it is possible that the connection between positive parenting and behavioral manifestation is evident due to common influences such as genes (i.e. gene-environment correlation).

Although, genetic and genomic factors play an important role in the development of emotional and behavioral disorders (Grigorenko, 2014; O'Riordan, 2015), social factors – within and beyond the family – and particularly social learning

sometimes play an even more important role (Kauffman and Landrum, 2013). Thus, combining psychosocial and biological perspectives provides a more refined concept for understanding SEBD than either perspective can offer alone (Cooper et al., 2014).

When considering the information presented above, it becomes evident that biology and genetics, apart from being responsible for individual differences, do not operate in isolation from other factors, such as psychological and environmental factors.

2.3.2. Family

Familial characteristics and relationships (e.g. conflicts, strict parental discipline and lack of emotional support) operate in complex interactions with other factors such as socioeconomic status, support from individuals outside the family, the child's age, sex and/or temperament and can increase the possibility of EBD (Kauffman and Landrum, 2013). An earlier study by Dwairy (2010c), suggests that parental factors such as parental control, rejection and inconsistency are associated with psychological maladjustment. Accordingly, Masten et al. (2005) reports numerous psychosocial risk indicators involved in the origin and developmental trajectory of these problems, like parenting quality, socioeconomic status, as well as strict and harsh parenting while Puff and Renk (2014) add parenting stress and parenting behavior among the indicators. In their research comprising of 124 culturally diverse parents with young children aged from 2 to 6 years who rated their own economic, life, and parenting stress and behaviors as well as their young children's behavior problems, found that there are significant associations between those variables, with parenting stress and parenting behavior having a strong association to children's emotional and behavioral functioning.

Throughout the early stages of childhood, the family constitutes an important context for emotion regulation (ER) development (Thompson and Meyer, 2007 cited by Crespo et al., 2017), with parents serving as important models, socializers, and

shapers of emotion regulation (Eisenberg et al., 1998 cited by Crespo et al., 2017). According to Crespo et al. (2017) the triadic model, parents' modeling of regulation, parents' behaviors related to emotion and emotional regulation, and the broader emotional context of the family, is essential for the development of emotion regulation in children. Accordingly, Morris et. al (2007) argue that the environment that children experience (family, school, neighborhood, peers and culture) affects their overall growth and development in many and highly important ways. The emotional climate of the family, being the parenting style, family expressiveness, expressed emotion, attachment relationship, marital relationships, along with child characteristics (temperament, gender, development) as well as parental characteristics (mental health, family history and beliefs) are of great importance for the development of ER (Morris et al., 2007).

2.3.2.1. Attachment Theory

Attachment theory highlights the notion that the quality of early relationships deeply influences an individual's later development (Nash, et al., 2016) while the basic functions of attachment are providing children with a secure base and protecting them from danger (Bowlby, 1988 cited by Slater, 2007). Attachment theory suggests that individuals develop working models or representations as well as expectations of what relationships should be, based on their prior dyadic experiences (e.g., mother and child, father and child) (Slater, 2007). From an attachment perspective, healthy adaptation comes from children who trust their caregiver, feel that he/she is trustworthy, responsive, predictable, and accessible (Ainsworth et al., 1978 cited by Slater, 2007). Through parental warmth and sensitivity children feel protected, which enables the formation of a secure attachment to the parent (Riina et al., 2014).

When neglected or abused, some children, and certainly not all, might exhibit developmental, behavioral and even health problems later on (Joseph et al., 2014) or they might acquire other adaptive functioning behavior mechanisms in order to feel safe and for survival purposes (Priddis and Howieson, 2012). Hence, negative early experiences which can be traumatic for children, create anxiety and these children may exhibit behaviors in school that can be perceived as being challenging, disruptive, controlling or withdrawn (Webber, 2017). While children with insecure attachments may develop emotional, behavioral and processing difficulties, which influences all social relationships, securely attached children can flourish (Nash, et al., 2016).

Al-Yagon (2015) reports that the quality of early relationships, the interactions with significant others, the search for parental closeness and security (Neves-Nunes, et al., 2013) have a deep impact on the personality and socioemotional development and can be held accountable for adjustment variations across individuals. Dougherty et al. (2013) also highlighted the important influence of early environmental experiences, but from a different perspective. With a sample of 175 children and parents recruited from the Washington DC Metropolitan area, they conferred that parenting and the mother-child relationship, especially after the child's first 2 years of life, critically influences the development and functioning of young children's neuroendocrine system and that parental depression and hostility was strongly associated with children's emerging behavioral and oppositional problems.

However, according to Webber (2017) attachment theory is often criticized of being used as a 'deficit model' (p. 318) which does not always recognize the child's potential for forming meaningful relationships beyond their first relationships i.e. that positive and helpful attachments can be formed in later life (Slater 2007). Addressing this issue, Joseph et al. (2014) in their research on the formation of secure new

attachment relationships in adolescents who experienced severe maltreatment and were placed in foster care, reported that almost half the adolescents in foster care formed a secure attachment relationship with a foster career. They also commented that these same adolescents reported nearly universal insecurity with their birth families.

Thus, attachment relationships, either characterized as secure or insecure, can influence a child's personality and socioemotional development. However, this dynamic relationship between parent/carer and child can not be held solely responsible for the manifestation of social, emotional and behavioral difficulties.

2.3.2.2. Parenting Styles

Whereas attachment theory focuses on providing a secure base and positive relationships, especially in the early period of a child's life, Akcinar and Shaw (2017) believe that parenting becomes more complex in the second year of a child's life. Their study focused on the relation between elements of positive and coercive mother–son interaction between 18 and 24 months in relation to several manifestations of children's social development between ages 5 – 10 years, in a sample of 310 boys from low-income families from an urban community. Their findings were consistent with attachment theory and suggested that warm and responsive parenting style helps children being able to attend to problems more successfully, promotes emotion and behavior regulation as well as being more compliant to parental demands.

Parenting style, as defined by Moltafet et al. (2018), refers to 'all interactions and practices of parents in upbringing the children in the family context' (p.188) and is considered as one of the most important tools in child rearing (McKinney and Milone, 2012). Skinner et al. (2005) proposed six core dimensions of parenting style; warmth (acceptance), rejection (hostility), structure (firm control), chaos, autonomy support

(autonomy granting), and coercion (psychological control) and concluded that parenting constructs are multidimensional and not bipolar (e.g. warmth Vs rejection).

According to Skinner et al. (2005) warmth refers to expressing love, appreciation, compassion, concern, emotional availability, caring and support while rejection or hostility refers to aversion and active dislike, negative evaluation, hostility, violence, critical, disapproval, dissatisfaction, and exclusion present in the parent – child relationship. Structure refers to the provision of clear expectations, guidelines, rules and firm maturity demands, which are combined with coherent and proper boundaries while chaos refers to parenting behaviors that are casual and under-controlled, erratic and unpredictable, undependable and with inconsistent discipline. Autonomy support dimension refers to the provision of freedom of choice, expression and action, encouraging the children to attend, accept and value genuine respect supporting interaction in which they express their views and opinions. Coercion refers to a restrictive, inflexible, rigid and intrusive parenting style in which strict compliance and obedience is demanded, often through punitive disciplinary techniques, pressure or controlling rewards (Skinner et al., 2005).

Growing up in a 'risky family' (Repetti et al., 2002, p. 330), in an environment ranging from living with easily irritable and fighting parents to being exposed to violence and abuse, in a cold, neglectful, and/or unsupportive environment, disrupts the emotional social and biological processes because they are all linked to each other in a 'cascade arrangement' (p. 336) with long lasting effects. Additionally, Franz and McKinney (2018) believe that children experiencing parental negativity and lack of affection may also exhibit internalizing and externalizing behaviors, while the type of psychopathology is thought of depending on the different types of parenting behaviors that affect the quality of parent-child relationship in various and different ways. Their

study focused on parental and child psychopathology, with a sample comprising of 665 participants (37.3% male, 62.7% female) aged 18 to 25 years attending a large Southern University in the United States, where participants were asked to report on perceptions of their parents' and their own psychological problems as well as their parent–child relationship quality.

On violence, Riina et al. (2014) support that parent's physical aggression towards children is also associated with child maladjustment. In their longitudinal study examining parent-to-child physical aggression (PCPA) and children's internalizing and externalizing difficulties, reported that in a rather large sample of 2260 families, reported that children who experienced PCPA had higher levels of internalizing and externalizing behavioral patterns compared to their non-maltreated counterparts. However, the trajectory between internalizing and externalizing was different, with internalizing difficulties increasing across childhood and adolescence and externalizing decreasing. Furthermore, PCPA was significantly associated with more externalizing problems across all ages.

Conversely, parental warmth and responsiveness is often linked to better social adjustment, self-regulation capacities, and academic adjustment (Baker and Hoerger, 2012). Baker and Hoerger (2012) in their research comprising of 286 young adults aged 18 – 35 years and recruited from a large Midwestern university argue that both rejection and overcontrol likely result in the inadequate development of self-regulatory and coping skills thus leading to worse adjustment. Ruiz-Ortiz et. al. (2017) proposed that parental warm/affection and care showed beneficial effects for children in terms of social adjustment and self-esteem and increased their adaptive skills while hostility/rejection increased children's externalizing problems. In accordance with Dwairys' arguments (2010c) on parental inconsistency, Ruiz-Ortiz et. al. (2017) found

that maternal inconsistency (but not paternal) was damaging, increasing externalizing problems and reducing adaptive skills for children. Inconsistent discipline causes insecurity and fear in children, resulting in the development of negative behaviors (Sierra et al., 2015 cited by Ruiz-Ortiz et al., 2017). The researchers concluded that a modification of parenting practices, depending on the development and growth of children at different stages of development, is desirable.

Rodrigues Sequeira de Figueiredo and Dias (2012) in their study of 62 children with divorced/separated parents and married/living together parents based on parent – teacher perceptions, suggested that divorce also has a negative impact on children's behaviors. Divorce can cause pain and suffering in children, as well as feelings of insecurity and fear, which may lead to behavioral changes and problems (Rodrigues Sequeira de Figueiredo and Dias, 2012). Brock and Kochanska (2016) in their study of sixty-two community mothers, fathers, and children (using a broad age range and targeting two developmental periods, namely toddler age and preadolescent) found that children at toddler age, who experience maladaptive, destructive, negative and intense conflict, along with scantily resolved anger and elevated family conflict results at risk of internalizing symptoms in early preadolescence. Thus, Brock and Kochanska (2016) showed that the trajectory of child adjustment is deeply influenced by negative emotional tone, long-lasting tension between parents as well as failure of marital reconciliation, while damaging parent–child attachment security increases the risk for internalizing problems 8 years later.

As discussed above, a considerately large number of family related factors, such as parenting style, the formation of secure or unsecure attachment relationships, the nature of marital relationships, along with child and parental characteristics play a

significant role in personality and psychosocial development, social adjustment, self-regulation capacities as well as academic adjustment of children in school.

2.3.3. School

Besides family, school may constitute the most significant socializing influence on children (Kauffman and Landrum, 2013), exposing them to a plethora of emotionally charged relationships and interactions (Marquis et al., 2017). Children move from a parent-oriented family environment (student's temperament and parental practices) to a peer-oriented school environment (student's temperament and schools social and educational demands) (Marquis et al., 2017; Kauffman and Landrum, 2013), i.e. moving between two systems which operate with the same type of interactions.

Although school environment should provide additional support from peers and teachers for managing those emotions arising from emerging relationships and interactions in the school context, it can also contribute to disordered behavior and academic failure (Marquis et al., 2017) with disordered behavior and underachievement mutually influencing each other. According to McCreery (2016), schools do not only serve academic and educational purposes, but they must also attend to the complexities of managing behavior, self-regulation and social skills.

School as a causal factor of SEBD, much like family and biological factors, does not operate in isolation from other factors (Kauffman and Landrum, 2013). However, Kauffman and Landrum (2013) proposed several factors in which school might influence disordered behavior and academic failure. For instance, insensitivity to student's individuality and inappropriate expectations for students (labeling and classroom performance) as well as inconsistent management of behavior are some of the factors that can contribute to the persistence and continuity of behavior problems and difficulties (Kauffman and Landrum, 2013). On labeling, Hajdukova et al. (2014)

argue that teachers might attribute negative labels to pupils who present with SEBD, which might lead to intensification of behavioral problems. Hajdukova's et al. (2014) research on pupil – teacher relationships and perceptions on SEBD, comprising a sample of 29 boys with severe SEBD, attending a residential special school for children in New Zealand, was based student's accounts and experiences on schooling, utilizing in-depth, semi-structured and focus group interviews. The researchers reported that one of the main themes that emerged was the pupil's relationship with the teacher which can either obstruct or facilitate the formation of positive relationships and development.

Additionally, Araújo (2005) found that teachers often used their expectations of pupils to explain indiscipline, while at the same time preventing others from engaging in positive interactions in school. Concurrent with Araújo (2005), Swinson and Knight (2007) in their study on teacher verbal feedback, they reported that teachers offered more negative feedback to students labeled as 'known' to be 'trouble makers' (p. 251), which was directed towards their social behavior and almost never gave positive feedback to these students when they exhibited desired and appropriate behavior.

On differential treatment, Hajdukova et al. (2014) as well as Sellman (2009) in their study on pupil-teacher relationships which was based on the narratives of pupils, conferred that the main issue reported by them was the differential approach and treatment held by some teachers. Specifically, many boys reported that they felt they were unfairly treated and wrongly accused by their mainstream teachers, because the teachers were influenced in a negative way by their reputation as being disruptive and challenging – a label once established is extremely difficult to change.

Miller et al (2000) studied a three-factor model on parents' and pupils' causal attributions for difficult classroom behavior, being 'fairness of teachers' actions', 'differentiation of classroom demands and expectations' and 'pupil vulnerability to peer

influences and adverse family circumstances' (p. 36). They found that the first two of these factors, namely 'fairness of teachers' actions' and 'differentiation of classroom demands, and expectations' were perceived as being more important causal factors to pupil challenging and disruptive behavior than the latter two, with 'fairness of teachers' actions', being the most important cause of all three.

Additionally, to all these factors, Kauffman and Landrum, (2013) also list destructive contingencies of reinforcement (positive and negative), instruction in nonfunctional and irrelevant skills but also ineffective instruction in critical skills as also being important factors as is undesirable models of school conduct, crowded and deteriorated schools and classrooms and physical conditions under which students are taught.

2.3.4. Culture

Genetics, family and schools are not the only social factors that influence how children behave but are all part of an even bigger culture that shapes their behavior (Kauffman and Landrum, 2013). Culture is defined by Bornstein (2012) as a collection '… of distinctive patterns of beliefs and behaviors that are shared by a group of people … that serve to regulate their daily living and shape how parents care for their offspring' (p. 212) that assists and shapes parents and parenting (Bornstein and Lansford, 2010 cited by Bornstein, 2012). Furthermore, culture is preserved and transmitted by influencing parental cognitions which in turn form childrearing practices (Bornstein and Lansford, 2010 cited by Bornstein, 2012).

According to Rubin et al. (2009, p. 158) 'the psychological meaning attributed to any given social behavior is, in large part, a function of the ecological niche within which it is produced' meaning that acceptable behavior is encouraged by the child's significant others whereas deviant and unacceptable behavior is discouraged by using,

again, culturally defined means and practices. Kopala-Sibley and Klein (2017) note that culture may define or significantly influence what constitutes socially fit or unfit behavior, as well as with how other people respond to those behaviors. Accordingly, Dwairy (2010) argues that culture influences and guides parenting (Goodnow, 1985 cited by Dwairy, 2010), which in turn affects the psychological adjustment of children, by defining and shaping essential educational standards and principals, age-appropriate behavior, and parental practices. Thus, the differences observed across cultures on child-parent relationships can be attributed to parents' adaptation and conforming to values and norms of their culture (Dwairy, 2010).

Culture is a significant factor relating to parenting styles and patterns (Dwairy et al., 2010). Different parenting cognitions and practices may serve the same function in different cultural contexts (Beato et al., 2016; Kim and Rohner 2002) or serve different functions in different settings, providing evidence for cultural specificity (Bornstein, 2012). An example of the different parenting cognitions serving the same function in different cultures comes from Leung et al. (1998, cited by Bornstein, 2012), where an authoritative parenting style (high warmth, high control) produces positive effects in European American school children, whereas an authoritarian parenting style (low warmth, high control) produces positive effects in African American and Hong Kong Chinese school children.

As with parenting, parental control and rejection, parental inconsistency (Jewell et al., 2008) is another factor culturally dependent (Dwairy, 2010c) influencing children's' emotional and social development. On parental rejection, Khaleque, (2007, cited by Dwairy, 2010b) reported that it is linked with adolescent psychological disorders and when compared to authoritarianism or parental control, parental rejection constitutes a significant factor, which negatively influences an individual's mental

health across all cultures, countries and races. Morris and Oosterhoff (2016) reported that the mothers and fathers in their sample employed a range of verbal and nonverbal control and rejection behaviors, displayed in different ways, which were highly correlated with the child's anxiety and depression symptoms.

Moreover, examining parental control in different cultures, Dwairy and Achoui (2010) reported that it is strongly associated with culture and with family connectedness. In their cross-cultural study using a sample of 2,884 Arab, Indian, French, Polish and Argentinean adolescents concluded that parental control varies across cultures, with parental control being greater in eastern compared to western countries. Specifically, western mothers, were found to be more controlling compared to fathers whereas inconsistent parental control was related to psychological disorders, as was the western's fathers' parental control. However, this finding did not apply for the eastern fathers. In eastern societies, authoritarian parenting and control is not perceived as causing significant damage to children because it is consistent with the cultural climate, whereas in the west, it may be perceived as abuse and damaging to children's mental and psychological health (Dwairy and Achoui, 2010). Accordingly, Lansford et al. (2004) in their research on ethnic differences and the link between physical discipline and externalizing behavior in sample consisting of 453 European American and African American families concluded that for European American families, physical punishment was associated with later externalizing problems but not for African American families, for which physical punishment was associated with fewer externalizing behavior problems.

Summary

Causality, predictors and characteristics of behavioral problems, have been the focus of attention of many researchers, in different cultures, mainly due to the

undesirable outcomes for the individual's mental health as well as the emotional and social cost for both, families and society in general (Neves Nunes et al., 2013). In sum, problematic, disruptive and challenging behaviors might be the result of a wide array of factors (Morgan and Sideridis, 2013) including bullying, victimization or other negative peer-to-peer interactions (Vaillancourt et al., 2013; Kawabata, 2014; Lynn et al., 2013), low socioeconomic status and poverty (Masten et al., 2005), family dysfunction (Fernandez Castelao and Kröner-Herwig, 2014; Broomhead, 2014); ineffective or overly punitive classroom management (Kauffman and Landrum, 2013) parental mental problems (Agnafors et al., 2013) or the interaction between these and additional factors, including the child's temperament (Bayer et al., 2011; Fanti and Henrich, 2010; Joussemet et al., 2008) cognitive and self-regulatory abilities (Morris et al., 2007) and academic difficulties (Lynn et al., 2013).

Understanding the causality and roots of SEBD, should entail consideration of the personal characteristics of the individual (e.g. biological and psychological factors and characteristics), operating in and reacting to their social context and environment (Cooper 2008a). According to Cooper (2008a), the concept of social context is an extremely complex notion, involving the social conditions and situations that social emotional and behavioral difficulties appear being the interpersonal dyad, peers, family, school, classroom, the neighborhood as well as culture and government policies. Accordingly, Koritsas and Iacono (2015) suggest that the causes of challenging behavior are an amalgamation of genetical/biological, psychological, and social factors. Thus, individuals exhibiting social, emotional and behavioral difficulties in different forms and manifestations, are frequently socially marginalized, due to rejection or neglect, and tend to come from deprived and disadvantaged sub-cultural and socio-economic groups (Cooper, 2008a).

In my understanding regarding the causality of SEBD, the relationship between all possible causal or risk factors, i.e. biology, family, school and culture is governed by a dynamic, reciprocal and equally important interaction and no one factor can be thought of being more important than the other. Consequently, SEBD are best understood as the result of complex interactions between a child, as a biological and psychological entity and their environment, while considering the plethora of influences on them, as well as their influence on the environment (O'Riordan, 2015). Accordingly, Koritsas and Iacono (2015) suggested that the causal factors of challenging behaviour are a combination of biological, psychological, and social factors and concluded that traditional approaches on their own (i.e. Applied Behavior Analysis, biological factors and psychiatric disorders), provide scanty explanations for the contributors to challenging behaviors. Thus, combining different perspectives and theoretical frameworks, can generate a tool that is far more effective than the sum of its parts (Cooper et al., 2014).

2.4. SEBD and Gender:

There seems to be notable gender differences in special education and the biggest difference remains in the manifestation of aggressive behaviour and early language development in boys compared to girls (Royer, 2013). Rescorla et al. (2014) in their work parent – teacher agreement across 21 countries reported that teachers tend to rate boys as having more attention and externalizing problems compared to girls. Odgers et al. (2008) reported that gender differences in antisocial behavior are present almost at every age while Graves Jr et al. (2012) as well as Graves Jr and Howes (2011) report that males usually exhibit more externalizing behaviour compared to females, which tend to show more internalizing behaviours. Graves Jr et al. (2012) in their study on differences between parent and teacher ratings of problem behaviour, in a sample of

320 preschool children, found that ratings from both groups (i.e. parents and teachers) were very similar, with boys perceived as being more aggressive, hyperactive, conflictual with both teachers and peers, as well as more at risk of attention problems compared to girls.

Fernandez Castelao and Kröner-Herwig (2014) cited several studies (i.e. Boeldt et al., 2012; Hay, 2007; Moffitt and Caspi, 2001) suggesting that the extent and degree of the differences in externalizing behaviours between boys and girls fluctuates during an individual's life span, with boys exhibiting higher levels of externalizing symptoms at age 4 which increase during childhood but diminish through early adolescence and increase once again in adolescence.

Eschenbeck et al. (2007) reported that regarding emotional reactions and coping strategies to stressful life experiences (e.g. avoidance, social, seeking social support, problem solving, palliative emotion regulation and anger-related emotion regulation) there appears to be a significant difference between boys and girls with boys exhibiting more avoidant strategies and girls seeking social support and problem solving. Similarly, Godinet et al. (2014) found that early childhood maltreatment was significantly linked to the trajectories of the child's behavioral problems, including externalizing and internalizing difficulties, which were also moderated by its gender. In their study, they used archived data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) with a total of 484 children (children with early allegations of maltreatment from birth to age 4 but not from ages a to 12 and children without any report). Their results showed that for boys, the effect of early maltreatment was higher at the early assessment periods and gradually decreased over time while for girls the effect of maltreatment was lowest at the early assessment periods but increased and became more noticeable over time. De Ruiter et al. (2007) provide another example in

their study and report that the increase of emotional problems in girls during adolescence is not evident in boys whereas disruptive behaviors, appearing in early and middle childhood and decreasing after adolescence, were evident only in boys.

Conversely, Soles et al. (2008) reported that although most of the literature on gender differences suggests that boys exhibit more aggressive patterns of behaviour, in their research teachers reported girls as having significantly more severe externalizing behaviours compared to boys. They suggested that girls must demonstrate more severe acting-out behaviors than boys for teachers to refer them. More recently, Soles and Roberts (2014) argued that it was uncertain whether their findings were stemming from accurate reporting or from the teacher's negative perceptions who 'may be highly sensitive to behaviours that are contrary to the common perceptions of stereotypical gender behaviours' (Soles et al., 2008 p. 285). Accordingly, Bianco et al. (2011) in their study comprising of 28 teachers from schools in Colorado and Florida which were randomly assigned into one of two profiles of interest (i.e., female or male) concluded that referral recommendations were indeed influenced by gender. In their study, teachers were found to be much less willing when referring a female student to gifted programs than an identically described male student while gender biases were evident not only in the teacher's referral rates but in the explanations and the descriptions they provided to justify their referral.

Based on the information above, for my research I anticipated that gender variations would also be present, where boys with and without special educational needs would engage in more externalizing behavioural patterns (e.g. more aggressive, hyperactive and conflictual) compared to girls. This variance could be attributed mostly to cultural and societal reasons, since aggression in Greek culture is considered as an acceptable male characteristic (Savina et al., 2012).

2.5. Comorbidity of SEBD

Comorbidity of two or more psychological disorders or clinical syndromes in the same person constitutes an area of extensive research in child as well as in adolescent psychopathology (Gomez and Vance, 2014) with the predominance of comorbidity posing an issue of debate in clinical science (Willner et al., 2016). Comorbidity is defined by Pavlidis and Giannouli (2014) as the coexistence and manifestation of two or more distinct – yet often interrelated (Landrum et al., 2014) – conditions/disorders, which can serve as an indicator of the severity and complexity of the emotional and behavioural problems experienced by individuals with EBD (Landrum, 2014).

On the matter, Perle et al. (2013) in their study on the association between internalizing symptomatology and risky behaviors, found that combined effects of internalizing measures (i.e. Withdrawn/Depressed and Anxious/Depressed) highly contributed to the manifestation of externalizing behaviors as children were getting older. On developmental persistence of comorbid symptoms, Willner et al. (2016) in their study on the dynamics of externalizing comorbidity, highlight the significance of identifying effective interventions for the substantially large number of children exhibiting mixed emotional and behavioral problems.

2.5.1. Intellectual and Developmental Disabilities

The term ‘Developmental Disabilities’ can be thought of as an umbrella term, comprising intellectual disability as well as other disabilities noticeable during childhood. According to the American Association on Intellectual and Developmental Disabilities (AAIDD), they are serious, long-lasting and probably destined lifelong

disabilities, present from birth and can be cognitive and/or physical in nature (e.g. cerebral palsy, epilepsy, Down syndrome) (AAIDD, 2013).

Given that Intellectual and other Developmental Disabilities often co-occur (AAIDD, 2013) the term 'Intellectual' denotes the 'cognitive' part of the definition, largely associated to thought processes. Intellectual Disability (Intellectual Developmental Disorder) is a disorder with onset during the developmental period, referring to both intellectual and adaptive functioning deficits (APA, 2013). The term Intellectual disability (ID) has replaced the term 'Mental Retardation' (MR) and has become a more widely accepted term (Tassé et al., 2013). ID encompasses the distinct impairment in both cognitive (thought processes) and adaptive functioning (Cervantes and Matson, 2015). As such, individuals with ID exhibit substantial difficulties in communication, social and practical daily living skills as well as challenging behavioural patterns such as self-injurious behavior (SIB), stereotypies and aggression (Matson and Shoemaker, 2009).

Depending on the degree and severity of an individual's intellectual and adaptive difficulties, the level of ID can range from mild to profound (APA, 2013). However, even though the term 'mild' continues to be widely used, there seems to be a disagreement on terminology (Polloway, 2011), where the term 'mild' might bring about different interpretations and cause misunderstandings to both professionals and the general population (Polloway, 2006) concerning the characteristics and true needs of these individuals. Addressing this issue, Snell et al. (2009) described the challenges and struggles that these individuals face in everyday life and referred to this group as individuals with an intellectual disability who have higher IQs (Intelligence Quotient). They further stressed that even though all individuals with ID face intellectual and

adaptive behavior deficiencies and irrespective of having IQ at a higher or lower level, they do not all have the same or analogous needs.

During their lifetime, individuals with ID face a plethora of developmental, biological, social, and psychological stress provoking challenges, factors associated with susceptibility to psychological problems (Allen, 2008; Rojahn, 2012). Ruddick et al. (2015) in their study on self-injurious, aggressive and destructive behaviour in children with severe intellectual disability, with a sample of 1096 children from 14 special schools in the UK, found that aggression was the most frequently displayed behavior as well as the most difficult behavior to handle. Accordingly, Luiselli (2012) found that children with severe ID presented elevated risk of exhibiting self-injurious, aggressive and destructive behavior while Heyvaert et al. (2010) suggests that the severity of the disability heightens the chance of occurrence of these behaviours.

Emerson and Hatton (2007) when comparing children and adolescents with (*n*=641) and without ID (*n*=17774), reported a three to four times higher possibility of presenting emotional and behavioral problems (i.e. disruptive/antisocial behaviour, self-absorbed behaviour, communication problems and anxiety). Allen (2008) notes that behavior manifestations such as physical aggression and violence towards self (SIB) (e.g. head hitting, self-biting, scratching) as well as towards others are quite common amongst individuals with ID as are the symptoms of mental disorders (e.g depression, anxiety and psychosis). Challenging behavior manifestations observed in individuals with ID can take the form of verbal and physical aggression (Ruddick, 2015; Luiselli, 2012), property damage and destructiveness (Allen, 2008), disruptive and antisocial behavior (Tsiouris et al., 2011), over activity (Petty et al., 2014), difficulties in impulse control and mood dysregulation (Tsiouris et al., 2011), temper tantrums and screaming, stereotyped and repetitive behavior (Petty et al., 2014) as well as general

delinquency and self-Injurious behavior (SIB) (Rojahn, 2012). According to Furniss and Biswas (2012), manifestations of SIB in individuals with ID can take multiple forms such as banging or hitting their head, slapping their face, self – biting (hands or other parts of body), self – pinching or scratching (e.g. scabs from old wounds) pulling their hair and eye-poking.

Concerning the age range of individuals with ID and emotional / behavioral difficulties, Emerson and Einfeld (2010) reported that two to three-year-old children with DD, marked significantly higher levels of emotional and behavioural difficulties when compared to typically developing peers. Accordingly, De Ruiter et al. (2007) in their study on the psychopathology of youth with and without ID, found that children with ID exhibited higher levels of problem behaviors across all ages. However, they also found that children with ID showed a considerable decline in the developmental trajectories for Aggressive Behavior and Attention Problems, a finding which was both interesting and unexpected considering that disruptive behaviors are thought of being very persistent over time (Matson and Shoemaker, 2009; AAIDD, 2013). According to Matson and Shoemaker (2009) children with ID and/or ASD presenting the highest levels of challenging behavior compared to others, continue to do so throughout their course of life.

In sum, individuals with a diagnosis of ID, ranging from mild to profound, present significant difficulties in various areas, such as communication, development, social and practical everyday skills as well as aggressive and challenging behaviors – directed outwardly or towards the self in the form of SIB - which can impede their education and socialization processes, often resulting to their exclusion from various agencies i.e. schools, programs and community activities (Tsiouris et al., 2011).

2.5.2. Learning Disabilities (LD)

Learning Disabilities are one the most common forms of disabilities in the field of special education (Pullen et al., 2011). They are considered to be neurological in nature and affecting the way an individual's brain receives, processes, stores and responds to information and knowledge (National Centre of Learning Disabilities, 2016). The term LD denotes a diverse group of disorders – presented by individuals of at least average intelligence – characterized by substantial deficiencies in various areas such as reading and writing, listening and speaking, reasoning and doing mathematical calculations as well as movement coordination or direct attention (Pullen, 2011). Despite LD co-occurring with other disabilities (e.g. neurodevelopmental disabilities, severe emotional disturbance) or other extraneous influential factors (e.g. different cultural settings), LD are not caused by these (Pullen, 2011).

On academic achievement and social skills, Wei et al. (2014) reported that children with LD - comorbid with ADHD - scored lower letter word identification scores, reading levels (as rated by their teachers) and social skills (as rated by their parents) compared to children diagnosed only with LD. In their study comprising of 1.025 students with a primary disability of LD and 863 students with a primary disability of emotional disturbance (ED) using a national sample of students in special education, they reported high prevalence of the diagnosis of ADHD. Estell et al. (2008) in their study on peer groups, popularity and social preference, using a sample of 1,361 students (678 girls and 683 boys) from urban and suburban areas near a major mid-western city examined peer-groups, popularity and social preferences among students with and without LD, concluded that students with LD do participate and are part of peer and social groups (e.g. classroom). However, they tend to remain at lower social

status levels while sometimes the nature of their formed relationships can be less than ideal (e.g. other children with social deficits, high levels of aggression and antisocial behaviors) (Estell et al., 2008). However, Levickis et al. (2017) in their study on language and SEBD of 771 children aged 4 to 7 years (with LD and SEB), concluded that children with LD scored higher on peer problems than children without LD at 4 and 5 years, but not at 7 years. They assumed that children in the sample probably had less severe language problems and that the school environment, provided opportunities that promote their language abilities and improve positive peer relationships.

Individuals with LD not only experience academic and educational deficits but also various social and emotional difficulties and instability (Al-Yagon, 2007). These difficulties may be peer – related (i.e. peer rejection, peer - dyadic loneliness) (Al-Yagon, 2012) and/or self –related (i.e. loneliness and low self-concept) (Dyson, 2003). Furthermore, they may experience mental health issues (depression and anxiety) and somatic problems (Dyson, 2003), social information-processing deficits (Lackaye and Margalit, 2006) as well as exhibiting more externalizing (behavioural problems) and internalizing problems (negative affect, withdrawn behaviours) (Al-Yagon, 2007). Children and adolescents with LDs are more at risk of having mental health related issues, especially anxiety and depression, compared to the general population (Ashraf and Najam, 2015) as well as difficulties with self-regulatory behaviours, social perception and interaction (Pullen, 2011).

On depression, Nelson and Harwood (2011) reported that it can negatively affect cognitive functioning as well as academic performance for individuals with increased risk of depression such as those with LD. They also reported that in their meta-analysis of 31 studies among school-age (K-12) students with LD, both parents

and teachers identify students with LD as experiencing significantly higher depressive symptomatology than students without LD.

Based on the above, it can be observed that children diagnosed with LD not only experience several educational and academic challenges but also face many socially related difficulties, either with others or with self, resulting in exhibiting more externalizing and internalizing behavioural manifestations.

2.5.3. Specific Learning Difficulties (SpLDs)

Specific Learning Difficulties describe students with average to above intelligence (Hardy and Woodcock, 2014) and are associated with specific cognitive deficiencies affecting the child's ability to learn in a regular educational environment (Hall, 2008). The term SpLD can be perceived as being an umbrella-term referring to a heterogeneous group of disorders, neurobiological in origin and characterized by difficulties in processing, organization, and retainment of verbal or nonverbal information (Cortiella and Horowitz, 2014 cited by Bonti et al., 2018). According to the DSM-5, the main types of SpLD are difficulties in reading and written expression (including dyslexia) and mathematics (dyscalculia) (APA, 2013).

However, definition and characteristics of SpLD vary not only internationally but also intranationally (Woodcock and Hitches, 2017) and as an example, Hardy and Woodcock (2014) provide the case of Australia. In Australia SpLD sometimes falls under the category of general learning difficulties (GLD) whereas in the UK the term describes students with average to above average intelligence, whose specific neurological functioning causes difficulties for their processing of information and impacts on their learning. Hardy and Woodcock (2014) argue that GLD can be thought of being a 'catch-all phrase' (p. 115), not effectively differentiating the true nature of

the learning challenges that the students face and whether these are being the product of biological-neurological causes, socio-cultural circumstances, or both.

According to Zakopoulou et al. (2014), SpLDs present a 'continuity of complex disorders' (p. 3496), developing across the lifespan and connected with a variety of mental disorders. A child is considered to have an SpLD when underachievement cannot be attributed to other factors (Hall, 2008). However, when other potential causal factors are present, SpLDs may go unnoticed or identified late, thus causing the problems to amalgamate with secondary behavioural problems (Hall, 2008). According to Hall (2008) SpLDs are highly associated with other developmental disorders such as Learning Disorders (LD), ASDs and ADHD as well as the development of emotional and behavioural difficulties.

Maughan and Carroll (2006, cited by Hall, 2008) estimated that about one-third of children with specific reading disorder present emotional or conduct disorder. On comorbidity, Zakopoulou et al. (2014) cited several multilevel researches on SpLDs (e.g. Gadeyne, et al., 2004; Terras, et al., 2009) which proposed that SpLDs at school and adolescence are very influential for the individuals later life and are often accompanied by behavioural and emotional disorders. Gadeyene et al. (2004) studied 276 first graders (139 boys and 137 girls) aged 6 to 7 from 10 regular schools in a rural region of Vlaams Brabant, Belgium and found that children with a specific reading/spelling disability differed most from their peers without learning problems when considering psychosocial functioning i.e. children with specific learning disabilities were considered at risk for problems with social integration. Terras et al. (2009) in their study on children with dyslexia, used an opportunity sample from 'Dyslexia Action' institute, comprising of 68 (48 males and 24 females) aged 8 to 16

years and concluded that social, emotional and behavioural difficulties are significantly more common among children with dyslexia compared to the general population, which are in turn associated with lower self-esteem.

Kadesjo and Gilberg (2001) reported amongst the most common types of comorbidities with SpLD, reading disability included, is ADHD, conduct disorder as well as affective and anxiety disorders. Kadesjo and Gilberg (2001) used a sample of 409 children (224 boys and 185 girls) aged 7 years from 12 randomly selected schools out of the 25 schools in Karlstad, Sweden and found that the rates of depression and low self-esteem increased with age in children with ADHD, dyspraxia and SpLD. Accordingly, Trzesniewski et al. (2006) studied the association between reading achievement and antisocial behaviour in their Environmental Risk (E-Risk) longitudinal twin study probability sample using stratification sampling procedure, of 5- and 7-year-olds. They found ADHD is closely related to reading achievement and that antisocial behaviour was an important predictor of reading problems, especially for boys compared to girls, suggesting a reciprocal causation model where poor reading led to antisocial behaviour and vice versa.

Thus, children diagnosed with SpLD present specific cognitive deficiencies characterized by processing and organization difficulties as with difficulties retaining verbal or nonverbal information. These difficulties are mainly observable in reading, written expression and mathematics, and can lead to emotional and behavioural difficulties mostly associated with lower self-esteem.

2.5.4. Speech and Language Disorders (SLD)

As with SEBD, there is a variety of terminology and acronyms used to designate speech and language difficulties and none is universally accepted by researchers or practitioners, which leads to misunderstandings and confusion (Tommerdahl, 2009).

According to Tommerdahl (2009) the term ‘Speech and Language Difficulty’ (SLD) or ‘Speech, Language and Communication Need’ (SLCN) relates to any form of communication deficit associated to speech or language. However, the acronym SLD is mainly used when the speech and/or language deficit does not co-occur alongside any other disorders (e.g. hearing impairment, health problems) and this discrimination is achieved using the term ‘Specific Speech and Language Difficulties’ (SSLD) or ‘Specific Language Difficulties’ (SLD) where the ‘s’ stands for ‘specific’ and denotes the essence of the difficulty (Tommerdahl, 2009). Accordingly, the acronym SLI sometimes denotes the term ‘Speech and Language Impairment’ or ‘Specific Language Impairment’ while other terms used include ‘Language Impairment’ (LI) and ‘Language Disability’ (LD).

Yew and O’Kearney, (2013) did a systematic review and meta-analysis of prospective, cohort studies of children with SLI and typical language development (TLD) and reported that children with SLI present emotional, behavioural and attention deficit hyperactivity difficulties, more often and at a more serious level compared to their typically developing peers thus having increased risks to depression. They concurred that either children with SLI have an overall difficulty in the managing and controlling both emotions and behaviour, resulting in the manifestation of a variety of symptoms or there are some within child (i.e. temperament) or environmental influences (i.e. parental responsiveness) interacting, resulting towards the formation and manifestation of major emotional problems, behavioural difficulties or ADHD difficulties or to other co-morbid psychological disorders.

Speech language and communication difficulties are persistent, pervasive and long-term in nature and children with SSLD are at enhanced risk of a range of behavioural emotional and social difficulties (Lindsay et al., 2007). Lindsay’s et al.

(2007) study was part of a longitudinal study conducted in two local authorities (LAs) and two regional special schools for children with specific speech and language difficulties in the UK with a sample of 69 children (17 girls and 52 boys). They concluded that children with SSLD continue to have raised levels of behavioural, emotional and social difficulties (BESD) over the period 8–12 years.

On comorbidity, St Clair et al. (2011) provided a review relating to the trends in the literature and concluded that SLI and ADHD are likely to co-occur at least in childhood. Individuals (children and adolescent) with SLI appear to have many difficulties especially on peer relations but the evidence concerning emotional difficulties is not very consistent (St Clair et al., 2011). Joffe and Black (2012) reported that individuals exhibiting both low academic performance and language functioning were considered as being high risk population for SEBD, as did Charman et al. (2015). Charman et al. (2015) also observed that children with Language Impairments (LI) as well as children with ASD attending mainstream schools exhibited equally elevated levels of emotional and behavioral problems. In their research, they measured teacher-reported emotional and behavioral problems using the Strengths and Difficulties Questionnaire (SDQ) in a sample of 62 children with LI and 42 children with ASD, aged from 5 to 13 years, attending mainstream school but with identified special educational needs. Both groups showed considerably higher levels of emotional and behavioral problems, compared with population norms, with the only differences observed on subscales measuring social difficulties, which were higher in the ASD group. Flapper and Shoemaker (2013) when studying 65 children aged 5 to 8 year diagnosed with SLI, also found in their study that about one third of children with SLI had co-occurring Developmental Coordination Difficulties (DCD) and that this

combination influences various quality of life (QOL) areas, especially autonomy and social functioning, motor and cognitive functioning and positive mood area.

Despite the differences in terminology discussed above, children diagnosed with SLI present difficulties in managing and controlling both emotions and behaviour, especially when exhibiting both low academic performance and language functioning.

2.5.5. Autism Spectrum Disorders (ASDs)

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (APA, 2013), ASDs are neurodevelopmental disorders comprising of enduring difficulties and impairments in social communication and interaction, as well as extreme behavioural patterns displayed by individuals across various settings and placements (APA, 2013). Trauner (2015) suggests that autism may encompass a number of different conditions '… manifesting as a common clinical phenotype' (p. 163), resulting from a large number of multifaceted and diverse causal factors, characterized by different levels of cognitive ability, severity – defined as the level of support needed (APA, 2013) – and symptomatology (Conroy et al., 2011).

Autism is characterized by severe deficits in social communication and interaction, limited array of interests and restrictive, repetitive and stereotypical behavioural patterns (Trauner, 2015). Behaviour manifestations might include hypo or hyper sensitivity to certain stimuli (e.g. texture, smell and sound), sleep disturbance, gastrointestinal problems and behavioural problems (i.e. hyperactivity, attention deficits, aggression and impulsivity) (Trauner, 2015). Gender differences are also observed in autism spectrum disorder, which affects approximately 1 in 42 males and 1 in 189 girls (Centers for Disease Control and Prevention, 2014 cited by Vailliancourt, et al., 2017).

Estimated rates on dual diagnosis of ASD and behaviour problems in samples of individuals diagnosed with ASD are often above 70%, 'making this comorbidity more the rule than the exception' (Baker and Blacher, 2015, p. 98). Baker and Blacher (2015) assessed the prevalence and severity of two disruptive behavioural disorders (DBD), namely ADHD and ODD, in a sample of 198 early adolescents (13 years of age) with typical development (TD), intellectual disability (ID), or autism spectrum disorder (ASD), and their families. Their findings suggested that comorbidity of ASD and ADHD was considerably high since 46% of those with ASD met the criteria for ADHD.

Bradley and Bolton (2006) found that considerably more individuals with autism had a lifelong comorbid emotional disorder, with major depression being the most common. Matson and Shoemaker (2009) devised a list with the most common comorbid disorders and according to the order of frequency these were anxiety, mood disorder, mania, schizophrenia, problem behaviors of impulse control and stereotypies. Accordingly, Matson and Rivet (2008) studied a sample of 320 adults (age range 20 – 88 years) comprising of 161 adults with ASD or Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) and 159 adults with ID and found that the occurrence of challenging behavior such as Aggression/Destruction, Stereotypy, Self-Injurious Behavior, and Disruptive Behavior, increased with the severity of autistic symptoms. Their study showed that individuals with ASD and severe ID exhibit more frequently challenging behaviors compared to individuals with severe ID only, which hinders education, training and social development.

Furthermore, on ASD and challenging behaviour, McCarthy et al. (2010) looked at adults with and without ASD and concluded that a diagnosis of ASD predicted the presence of challenging behaviours as opposed to a diagnosis of mental illness,

while more severe intellectual deficits were found to be associated with an increase in the occurrence of ASD. In addition, McCarthy et al. (2010) found that younger adults (more males) with ASD were about four times more likely to exhibit challenging behaviour compared to adults without a diagnosis of ASD as did Totsika et al. (2011), who reported elevated hyperactivity, emotional, behavioral and conduct problems among children with an ASD diagnosis (with or without ID). Totsika et al. (2011) in their study on child behavioral and emotional problems, among individuals with and without ASD and ID using a sample of 18,415 children and adolescents reported higher behavior problems among children with ASD and emphasized the possible independent association with ASD and ID.

On motor functions of individuals with ASD, Fournier et al. (2010) concluded that individuals diagnosed with ASD showed considerable general impairment compared to the general population and suggested that coordination deficits can be considered as a major symptom in ASD. Paquet et al.'s (2018) research using a sample of 34 children diagnosed with ASD aged 4 – 11 years irrespective of intellectual ability recruited in a child psychiatry department and Autism Resource Centers, demonstrated the poor results among ASD children in neuro-psychomotor functions (e.g. muscular tone, general motor skills, manual dexterity, laterality, bodily spatial integration, manual praxis, tactile gnosis, rhythm, and auditory attention) and gross motor skills (e.g. posture of the body, limbs and balance performances). According to Paquet et al. (2018) neurodevelopmental disorders such as ASD or DCD are characterized by psychomotor disorders, descriptive by their outcomes on several and different functions involved in exploration (perception), action (physical), communication (verbal and nonverbal) as well as emotion. Additionally, Sumner et al. (2016) in their research on motor and social skills of 30 children with ASD and 30 children with DCD compared

to 35 TD children (aged 7 to 10 years), found significant overlap between the ASD and DCD groups on the motor and social assessments, with both groups performing significantly poorer compared to their TD peers.

Despite ASD and DCD being separate conditions, a dual diagnosis of both applies to some children (Foulder-Hughes and Prior, 2014). Caçola et al. (2017) aimed at identifying separable and overlapping features of ASD and DCD and conducted a systematic literature review (SLR) gathering all studies that investigated behavioral profiles of individuals diagnosed with ASD, DCD, and ASD + DCD. The final sample consisted of eleven studies which were reviewed and presented important differences between individuals with ASD and DCD, suggesting that they are indeed separable, but potentially co-occurring diagnoses.

In sum, children diagnosed with ASD, present an array of different levels of cognitive ability, severity and symptomatology, characterized by severe deficits in social communication and interaction, repetitive and stereotypical behavioural patterns, hypo or hyper sensitivity to stimuli, behavioural problems (e.g. hyperactivity, attention deficits, aggression and impulsivity) as well as considerable general impairment and coordination deficits.

2.5.6. Attention Deficit Hyperactivity Disorder (ADHD)

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ADHD is a neurodevelopmental disorder defined as a continuous display of age-inappropriate levels of inattention, impulsivity and hyperactivity that affect or impede development (APA, 2013). According to Barkley (2013), ADHD is a developmental disorder of self-control, characterized by readily observable and significant deficits with sustaining attention and resisting distractions (O'Regan, 2014), controlling

impulses and inhibiting behaviour (O'Regan, 2014) and exhibiting high levels of activity (overactive).

Much like all developmental disabilities, several causality factors contribute to the origins of ADHD. Barkley (2013; 2016) suggests that ADHD results either from brain injuries or abnormal development and emphasizes the highly genetic nature of the disorder, while O'Regan (2014) proposes that it is due to neurological, genetic and environmental factors. Wood (2012) suggests that ADHD is commonly associated with deficits in decision–making processes of the brain including the ability for self-control, impulse inhibition, as well as the ability to remember, organize and plan actions while O'Regan (2014) stresses out its persistent nature across development.

ADHD is considered as one of the most commonly diagnosed disorders among school – age children, regardless of socioeconomic status (SES) and ethnicity (Pavlidis and Giannouli, 2014), a fact that significantly increases the possibility a teacher has for teaching a child with ADHD early on in his/her career (Kikas and Timoštšuk, 2015). Having a diagnosis of ADHD increases the possibility of having numerous comorbid disorders including Developmental Disabilities, Social, Emotional and Behavioural Difficulties, general health-related problems as well as Learning Disabilities (Barkley, 2013; Thompson, et al., 2004). Wehmeier et al. (2010) propose several other psychiatric disorders, all of which involve difficulties with emotion regulation such as dysthymia, major depressive disorder and various anxiety disorders. Moreover, they argued that there is a strong possibility that many children with ADHD could develop Oppositional Defiant Disorder (ODD), which includes aggression and irritability towards others, confrontational and rebellious behaviour (especially towards authority figures), and being spiteful or vindictive (APA, 2013).

Barkley et al. (2008, cited by Wehmeier et al., 2010) argue that ADHD is often associated with significant difficulties in adaptive functioning, especially in various social settings i.e. family, school and community, and then spread into areas by adulthood (occupation, marital functioning, driving, money management, etc.). As such, according to Barkley (2006), during adolescence, impulsivity is further associated to functional impairment and may be associated with the development of ODD, experimenting with drugs and other substances, engaging in risky and irresponsible sexual behaviour, taking on dares from peers, impulsive verbal behaviour, and reactive aggression with Bechtold et al. (2014) adding that impulsivity serves as a powerful predictor of crime. Furthermore, inattention can result in further impairments such as poor attention while driving thus being in greater risk for car crashing, accelerated use of nicotine, poorer work performance and inattentiveness to other's needs and inappropriate comments during social activities (Barkley, 2006).

Wei et al. (2014) found a strong connection between students diagnosed with Learning Disability and Emotional Disturbance (ED) and ADHD and concluded that the presence of ADHD negatively influences academic performance, social functioning and behaviour (e.g. showed poorer reading and social skills, more behaviour problems as well as difficulties in math calculation skills) and that these effects were found to be persistent over time. Accordingly, Wilcutt et al. (2007) in their longitudinal study of reading disability (RD) and ADHD in a sample of 306 individuals (twin pairs) aged 8 – 18 years (71 individuals with RD only, 66 participants with ADHD only, 51 participants with both RD and ADHD, and 118 participants without RD or ADHD) reported that students with combined ADHD and RD exhibited greater deficits on academic and social functioning.

Thus, children diagnosed with ADHD exhibit a plethora of readily observable overactive behaviours, face challenges with impulse-control and behavioural inhibition as well as presenting difficulties with maintaining attention and focus, which can generate a negative impact on their overall academic performance, social and adaptive functioning.

2.5.7. Developmental Coordination Difficulties / dyspraxia (DCD)

According to the DSM-5, Developmental Coordination Disorder (DCD) is a neurodevelopmental motor disorder, commencing in the early developmental period, by which an individual's achievement and performance of coordinated motor skills is considerably below than expected thus negatively affecting academic performance as well as the ability to learn and execute everyday self-care functions (APA, 2013).

DCD is a predominant and serious disorder characterized by difficulties with fine and/or gross motor coordination affecting day-to-day functioning, play, and academic achievement (Gibbs et al., 2007). Children with DCD encounter many difficulties associated with deficits in motor skill coordination in various settings e.g. home, school, community (Jarus et al., 2011). Even though most of the difficulties that children with DCD face are in the motor skill sphere (and particularly in planning), there are some shared and overlapping characteristics with other disorders such as Developmental Dyslexia, ADHD, Autism Spectrum Disorder, Specific Language Impairment as well as Social, Emotional and Behavioral Difficulties (Sugden et al., 2008). For instance, Ru Loh et al. (2011) proposed that deficits in visuospatial short-term memory as well as deficits in processing and storing information in children with DCD may underlie learning difficulties while poor working memory functioning observed in children with ADHD may suggest deficits in behavioral inhibition rather than solely deficits in working memory. Accordingly, Hill et al. (2017) reports that

individuals with DCD encounter difficulties in everyday activities which require physical mobility, e.g. balance, spatial awareness, manual dexterity and hand–eye coordination, especially at school e.g. with handwriting and participation in physical education (PE). Hill et al. (2017) in their study of 98 children aged between 6 and 14 years, explored the incidence and severity of motor and coordination difficulties amongst children attending a specialist school for Social Emotional and Mental Health difficulties (SEMH) and found an increased incidence of motor and coordination difficulties amongst children with SEBD. Specifically, on participation in physical education, Foulder – Hughes and Prior (2014) in their small scale, qualitative study comprising of six children (five boys and one girl) aged 10–11 years and diagnosed with ASD and/or DCD, explored how children felt about transitioning to secondary school from primary. They reported that one of the main causes of concern emerging from the thematic analysis of the interviews, was PE.

Cairney et al. (2013) found that children with DCD, apart from being a high-risk population for internalizing problems (i.e. depression and anxiety) are also at risk for obesity, and poor physical condition (secondary physical and mental health concerns). Additionally, Crane et al. (2017) argues that children with DCD often exhibit school related problems (e.g., handwriting, organizing the tasks in hand and completion of tasks) as well as socially- related problems like peer-related problems, isolation and loneliness (Missiuna et al., 2008).

On comorbidity and DCD, Sugden and Wade (2013, cited by Wade and Kazeck, 2018) reported that it often co-occurs with other conditions, such ASDs, SLI and LD (Dewey et al., 2002) as well as ADHD which in turn is often associated with SEBD (Missiuna et al., 2014). Additionally, Kopp et al. (2010) reported that DCD is present in about half of all individuals with ADHD, and that about half of all individuals with

DCD have ADHD denoting a strong interactive effect of ADHD and DCD in predicting ASD. As Gilger and Kaplan (2001) state that 'comorbidity is the rule, not the exception' (p. 468) and reported that children with RDs often have ADHD, children with ADHD often meet the criteria for some other condition, while children with DCD and no other disability are rarely found.

On poor motor coordination skills, Piek et al. (2008) as well as Van den Heuvel et al. (2016) found that it is a contributing factor for poor social and emotional functioning in school-aged children. Piek et al. (2008) in their study on the relationship between motor coordination, emotional recognition and internalizing behaviors in young preschool children, assessed a sample of 41 kindergarten children, aged between 3 years 9 months and 5 years and 4 months year olds (22 boys and 19 girls), attending a regional primary school in Western Australia. They found that children at risk of DCD scored considerably higher on the anxious-depressed scale, a finding that suggests that there is a possibility that three and four-year-old children may be at risk of developing internalizing behaviors, which posed a major concern given the children's young age.

As Piek et al. (2008), Pratt and Hill (2011) also found that children diagnosed with DCD experience significantly greater levels of anxiety as well as panic/agoraphobic anxiety, social phobia, and obsessive-compulsive anxiety, concluding that anxiety consists a problem of major concern for some children with DCD. In their study, comprising of 62 children aged between 6 and 18 months (DCD group comprised of 20 males and 7 females and the TA group comprised of 18 males and 17 females), they found that parents of children with DCD reported that their children experienced considerably greater levels of anxiety, as well as having significantly greater difficulty compared to the TD group, in panic/agoraphobic anxiety, social phobia, and obsessive-compulsive anxiety. Pratt and Hill (2011) concluded that

anxiety is a major problem for a proportion of children diagnosed with DCD who experience low levels of emotional wellbeing.

Wagner et al. (2012) in their study of 70 boys and girls aged between 5 and 11 years showed that the relationship between DCD and internalizing and externalizing patterns of behavior in school-aged children is partly influenced by peer - related problems. They hypothesized that the more severe the motor deficit is more peer problems the individual will have i.e. exhibiting more internalizing/externalizing problems. Furthermore, they conferred that the severity of motor impairment may cause more peer problems resulting to more internalizing or externalizing problems.

Cairney et al. (2013) in their paper elaborated further on what Cairney et al. (2010, cited by Cairney et al., 2013) called 'environmental stress hypothesis', suggesting that negative exposure to personal and social stressors might significantly elevate internalizing symptoms in children with DCD. Furthermore, motor coordination indirectly impacted emotional functioning i.e. through self – perceived competence in various areas while environmental factors were also associated with the increased risk of children with DCD exhibiting higher levels of internalizing symptoms (Cairney et al., 2013).

Hence, children diagnosed with DCD, encounter difficulties in everyday activities which require physical mobility and constitute a high-risk population especially for internalizing problems, since it has been documented that they experience greater levels of anxiety compared to TD children. Furthermore, they are also at risk for obesity and poor physical condition, often exhibit school related as well as socially related problems (e.g. peer-related problems, isolation and loneliness).

Summary

Children with Special Educational Needs exhibit a high level of EBD, a phenomenon largely influenced and affected by the child's cognitive ability and social skills, the ability to cope and adapt in the learning environment as well as the quality and quantity of support the child receives (Kay, 2013). The interrelated and multi-layered connection between multiple factors greatly influences the vulnerability towards EBD for certain groups of children (Kay, 2013). Understanding comorbidity is essential to understand the causality, developmental trajectory and treatment of internalizing and externalizing disorders since comorbidity between emotional and behavioral difficulties is considered high (Poulou, 2015) while early beginnings, developmental trajectories and stability of emotional and behavioral difficulties, greatly influence the possibility for future disorders (Poullou, 2015).

When reviewing the literature on SEBD comorbid with other developmental disorders addressed in the section above, I recalled what Kauffman and Landrum (2013) suggested, that comorbidity is not the exception but the rule. For my research I anticipated that children with special educational needs would present more behaviours of the internalizing and externalizing type compared to children without special educational needs. However, the exact nature and how these behaviours would manifest in different settings (i.e. home and school), as well as how these behavious are perceived and viewed by different individuals such as parents and teachers, became an integral part of my research aim and objective.

2.6. Parent - Teacher Perceptions: Congruence or Conflict?

Behavioural challenges exhibited within school settings are extremely wide in range and diverse in nature (Place and Elliott, 2014). Intense and outward behaviours require attention whereas inwardly and inner-directed patterns of behaviour sometimes are of equal or even of greater importance (Place and Elliott, 2014). Parental Involvement (PI) and parent–school–community collaboration has a positive effect on the educational outcomes of children with and without disabilities (Epstein, 2005, cited by deFur, 2012) and can be beneficiary for all individuals involved. Parental Involvement, defined by Jeynes (2007) as '…parental participation in the educational process and experiences of children' (p. 83) is commonly thought of and referred to as being 'an avenue for promoting academic performance' (El Nokali, 2010, p. 990). According to Hornby (2014) PI can improve parent – teacher relationships, teacher morale and the school's climate in general, lead to significant improvement in children's attitudes, behavior, school – attendance and mental health and can increase parental confidence and satisfaction.

Thus, collaboration, defined as an ongoing, mutual and active exchange of ideas, perceptions and notions within a team (i.e. teachers, parents, peers), is what constitutes the concept of successful inclusion (Parua and Kusum, 2010). However, in order to establish effective collaboration between various agencies, the formation of partnership must take effect. Fialka et al. (2012) argue that partnership building is 'demanding, serious, imaginative, ambiguous, unending, honorable, transforming work' (p.137) while the process of establishing effective and meaningful partnerships is like learning a new dance, 'a dance that matters' (p.136). The views, suggestions, perceptions and expectations (music) of all parties should be shared and heard, so that trust can be established and a new plan to be created (dance). This new plan will

encompass the most original and resourceful contributions by each partner aiming at the goal, which is for the child to reach the maximum level of his/her capabilities.

In line with Fialka et al. (2012), Morrow and Malin (2004) believe that relationships between parents and education professionals are most effective and valuable when they represent true partnerships – whereas partnership, defined by Dunst and Dempsey (2007) as the 'working alliance between teachers and parents' (p. 308). For a partnership to be successful and reciprocity being a key feature, there are some other essential features that must be present i.e. respect, trust and honesty, mutually-agreed and common goals, planning as well as decision making (Keen, 2007).

However, these principles may not always be present when it comes to interactions between parents and teachers (Keen, 2007). Giangreco et al. (1997), in their work on attitudes about educational services reported that both parents and teachers held different views about several essential issues i.e. authority for decision making, professional boundaries and parental control and highlighted the importance of identifying those differences and similarities, to facilitate the formulation of a mutual understanding for decision making.

The DfES (2014) acknowledges the possibility that parents, and teachers may have different perceptions and opinions as to what a child really needs and what actions should be taken towards meeting them. In addition, parents often reported that their voices and knowledge often remained unheard and/or devalued compared to those of professionals, thereby increasing the risk of conflict and disagreement on several important issues of the child's difficulties (Lundeby and Tøssebro, 2008).

Moreover, different understandings and interpretations about the causality of the problem may account for parents' and teachers' opposing views. Some educators might either attribute the child's difficulties to the characteristics of the diagnosis (e.g. that can be medically explained), or as being the result of parental influence, while parents may perceive the cause of the problem as being setting-specific i.e. the observed behavior is manifested within the school setting (Lundeby and Tøssebro, 2008). Accordingly, De Los Reyes et al. (2011) suggested that such setting-specific differences (i.e. different environments) in the assessment of behavior are associated with discrepancies in parent and teacher ratings for children in general and not just for those with SEBD. Supporting De Los Reyes's argument, Achenbach (2011) believes that it is possible children's behavior to vary between different environments, i.e. home and school, thus accounting for any discrepancies.

Taking De Los Reyes et al. (2011) and Achenbach's (2011) suggestions on setting-specific differences one step further, Reed and Osborne (2012) added two more factors, i.e. the dissimilarity of the sample's characteristics and the characteristics of the parents. As for the latter, Treutler and Epkins (2003) in their work found that parent's personality characteristics are strongly related to the discrepancies between parents and teachers reports, where discrepancies are defined as 'the mean differences in informants' reports which yield information about the pattern of findings' (p.14).

Lundeby and Tøssebro (2008) attributed the conflicting interpretations presented by parents and teachers in their research as the manifestation of a trend towards placing blame on one another. Broomhead (2013) provided an in-depth qualitative insight into the parental and educational practitioner perceptions of blame and guilt. Her findings are quite noticeable as they suggest that depending on the nature of the child's special needs and especially children with invisible disabilities (i.e. SEBD

and Specific Learning Difficulties) school staff and teachers are inclined to blame the parents for a child's problems, attributing it what Francis (2012) called 'bad' parenting rather than on anything else. For example, in Broomhead's study (2013) when several education professionals and school staff were referring to learning difficulties, they used terms such as uncontrollable, innate and 'real special needs' giving the impression that they did not consider Behavioral, Emotional and Social Difficulties (BESD) as being genuine and did not class it as a real special educational need.

Addressing the parent's perceptions on the matter, Blum (2007) in her work on mothers who raise children with invisible disabilities, reported that 10 out of 45 mothers she interviewed reported that they felt they were more blamed and stigmatized for their child's invisible difficulties than the other mothers whose children had readily visible disabilities. Out of those 10 mothers, four of them complained about school personnel and three others about family members.

Soles and Roberts (2014) cited a considerable number of studies reporting that individuals with EBD are the most negatively viewed amongst any other individuals with disabilities, especially when compared to individuals with Learning Disabilities (LD) or Intellectual Disabilities (ID) (e.g. Avramidis et al., 2000; Hastings and Oakford, 2003; Soodak, et al., 1998). Avramidis and Norwich (2002) in their research synthesis on teachers' attitudes towards integration/inclusion concluded that they hold different attitudes towards inclusion of students with SEN, largely dependent on the nature and severity of the disability. Accordingly, Yip et al. (2013) in their study reported that teachers were more negative and unfavorable toward a child exhibiting noncompliant/oppositional behavior than an anxious/depressed child. Riddick (2012) suggests that individuals whose difficulties are not obvious have a much bigger chance

of coming across individuals who will form faulty and negative perceptions about their behavior than those with readily visible difficulties (e.g. an individual in a wheelchair).

Parents of children with a variety of special educational needs frequently experience self-blame regardless of the nature of their children's needs (Francis, 2012). However, in Broomheads' (2013) work the parents of children with special educational needs other than BESD did not report any guilt, which contrasts previous literature. For instance, parents of children with conditions such as Down syndrome or Cerebral Palsy attributed their children's difficulties to genetics or chance or even 'God's Will' and therefore did not experience guilt or blame. In addition, Ryan and Runswich-Cole (2008) believe that having a formal diagnosis serves a dual purpose; to shield parents from perceived as being inadequate or incompetent and provide the means to access information, resources and support. Hodge (2006) cited by Hodge and Runshwick-Cole (2008) offers another dimension to diagnosis, and reports that parents thought of professionals as being more interested in the diagnosis per se than the child itself.

Summary

Children's challenging behavior stemming from the interaction between child (e.g. biology, genetics, temperament) as well as contextual factors (e.g. culture, family, school, peer relationships) can manifest itself and transfer in various settings and contexts (Stoutjesdijk et al., 2016). Home – school relationships are very fragile since they are filled with notions of blame, guilt, frustration and thus highly emotionally charged. The need for a change from attributing blame towards fostering a positive home – school relationship and supporting the overall needs of children becomes evident (Broomhead, 2013).

The findings from my MSc research showed a gap in the research about parent and teacher collaboration and perceptions, which contributed to an increased interest in

exploring this specific topic, and to the extent of my knowledge, no other research has been undertaken in Cyprus, assessing both parents' and teachers' views and perceptions on SEBD in children with and without SEN. Thus, the aim and purpose of this research is to identify, assess and explore SEBD in children with and without SEN, based on parent and teacher views and perceptions, which will either coincide or differ.

Views and perceptions are influenced and shaped in differing ways and the sole use of only one of these sources, i.e. parents and teachers, will not be enough to successfully evaluate children's social, emotional and behavioral difficulties (Connolly and Vance, 2010). Therefore, it is crucial that both voices are heard and treated with a great deal of respect because the information and knowledge provided can be 'unique and complementary' (Connolly and Vance, 2010, p. 668) aiming at providing a more thorough evaluation of behavior, despite that agreement between parents and teachers has been documented as being quite poor (Lundeby and Tøssebro, 2008; Van der Ende et al., 2012; Gritti et al., 2014). Teachers as well as special education teachers, should also consider their role as involving a responsibility for forming effective partnerships as well as educating parents and especially parents of children with SEN about the significance of their involvement in their children's education and extra-curriculum activities. (Hornby, 2014). Furthermore, the teachers' role becomes even more important considering that '…teachers are in position to either destroy or maintain the traditional barrier that exists between home and school, and teachers' interest, attitudes and competence regarding home-school cooperation is crucial for its success' (Davis, 1999 cited by Bæck, 2010, p. 323).

The review in this section has focused on exploring the literature on the terminology, definition, causal factors and roots of SEBD as well as other disorders

comorbid with SEBD, followed by the parent – teacher conflict or congruence debate. Regarding definitions and the terminology used, it became evident that these tend to vary. However, there is an agreement amongst definitions, being that they share some common characteristics, being the severity, the intensity as well as the long duration of the exhibited behaviour, which can be directed externally and/or internally. Additionally, regarding the causality of SEBD, biology, family, school and culture are considered the main risk factors, with the concept of risk - denoting the possibility of occurrence - being emphasized. Regarding comorbidity of SEBD with other disorders, this is considered rather the rule than the exception. Addressing the last section on parents' and teachers' perceptions and views on SEBD, it became evident that these tend to differ, mainly due to a number of reasons, including setting-specific manifestations of behavior, the nature of the disability as perceived by the individual, professional boundaries, issues with authority and control and placement of blame among others.

III. Methodology

3.1. Background

When choosing the most appropriate methodology for this research, I considered Philip's (1998, p. 273, cited by Spicer, 2008) suggestions, that '… the research topic itself should play a prominent role in leading to design a methodology'. This research is a small-scale case study, in the sense that it focuses on researching and observing a phenomenon and aims at attaining good knowledge about what is going on in that specific context (Robson, 2011), which in this case is a mainstream school in the rural area of Nicosia, Cyprus with a total sample of 77 children, 24 children with special educational needs and 53 children without special educational needs (control sample[3]).

Case studies are among the three widely used flexible design research strategies, with the other two being Ethnographic studies and Grounded Theory studies (Robson, 2011). Ethnography was not chosen for this research, as my interest was not to describe and interpret the culture and social culture of a group (e.g. how they lived, experienced and make sense of their lives and their world). Similarly, Grounded theory was not chosen as my focus was on capturing parents' and teachers' views and perceptions about children's social emotional and behavioural problems rather than generating a theory which would be grounded in the data obtained.

In favour of case studies, Robson (2011) argues that all projects can be thought of as being case studies, based on the fact that they take place at certain times, in certain places with certain people; Although, case studies are sometimes characterized as being unreliable, biased, invalid and presenting generalizability issues (Gray, 2014), Yin (2009, cited by Gray, 2014) argues that knowledge is often built up from many

[3] The term 'control sample' in this thesis is used to denote the 'comparison group'

individual cases and that case studies can be repeated and be based upon multiple cases of the same scientific inquiry. In this research, the initial goal was the participation of at least 3 primary schools, which would have produced greater generalizability but due to the conditional offer of approval from the Ministry of Education and Culture (Section 3.5), only one school was accessible.

3.1.1. School and Sample Characteristics

A total of 373 children attended the school, with a total of 31 education professionals, 3 classrooms for each Grade (with a range of 18 to 23 pupils), a Special Education Unit, a Speech Therapy Classroom and a Special Education Classroom. The special education Unit at that time consisted of 7 children, one special education teacher and three teaching assistants. Table 1 presents the teaching and non-teaching staff of the school

Table 1: Teaching and Non-Teaching staff of the school

Professional Role	***N* of Personnel**
Head Mistress	1
Deputy Head teachers	4
Teachers	23
Special Education Teacher	1
Special Education Teacher (SEN Unit)	1
Speech Therapist	1
Teaching Assistants (SEN Unit)	3
Secretary	1

According to Ministry of Education and Culture of Cyprus (2016) primary education (five years and eight months to twelve) is compulsory and accessible to everyone. Students registered for primary education are expected to complete it by the age of 12 (but can have extension and/or defer of attendance) having worked through 6 grades (Grades 1^{st} – 6^{th}). For children with SEN, since September 2001, the Ministry of Education and Culture of Cyprus, implemented the Education and Training of Children with Special Needs Law 1999, [113(1)1999] according to which, children were considered to have special educational needs if '… he/she has serious learning difficulties or specific learning difficulties, presents a significantly greater difficulty in learning than the majority of children of a similar age or if a disability prevents or impedes him/her from using the standard educational facilities and resources available in mainstream schools' (European Agency for Development in Special Needs Education, 2010). Thus, a convenience sample consisting of 77 children, aged 6 to 13 years old with (*n*=24) and without (*n*=53) Special Educational Needs was selected. In this study accessible and willing to participate individuals were chosen to serve as respondents (Cohen et al., 2008), i.e. parents and teachers of the children.

3.2. Research Design: A Mixed Methods Approach

My choice of method was deeply influenced by the research methodology as well as by the theoretical and epistemological perspective that I support i.e. the philosophical and theoretical stance for deciding what kinds of knowledge are valid and appropriate (Gray, 2014). I chose to use a multiple methods approach, combining quantitative as well as qualitative data, whereas quantitative data were obtained from questionnaires and qualitative data were obtained through semi-structured interviews. Despite quantitative and qualitative research methods being quite different, they each have different characteristics that make the prospect of combining them very interesting

and intriguing (Bryman, 1992 cited by Spicer 2008). Gray (2014) argues that both methods can be used either interdependently or independently addressing either the same research question or different, being carried out simultaneously, successively, with qualitative before quantitative or vice versa. In this research, quantitative data were collected before qualitative data, focusing on the same research question.

However, by choosing to use a mixed methods approach, I did not only mix methods, but I also mixed different 'paradigms'. Thomas Kuhn (1970, cited by Geoff Cooper, 2008) defined paradigm as the way to '… describe broad and radically different frameworks' e.g. positivism (quantitative) and interpretivism (qualitative). Positivism focuses on facts, pursuing causality and predictability and aiming at developing conceptual and general theories about how the world works (Alexander et al., 2008). Conversely, Interpretivism focusses on how the social world is conceived and construed by those involved, how the world is lived, felt and experienced by those in it and how they behave and interact in social situations (Schwandt, 2007 cited by Robson, 2011). According to Alexander et al. (2008), a research that combines different paradigms can lead to gaining better knowledge and comprehension of the social world.

As the objective and purpose of this research is to identify and explore the existence and prevalence of social, emotional and behavioural difficulties amongst children with and without Special Educational Needs (exploratory and descriptive) as well as comparing their parents' and teachers' perceptions (comparative), a survey design framework was used for my case study approach.

Descriptive surveys gather data at a specific point in time with the intention of describing the nature of existing conditions or determining the relationships that exist between specific events (Cohen et al., 2008) where all respondents are asked the same questions in, as far as possible, the same circumstances (Bell, 2005). They are useful

for gathering information and data on attitudes, preferences, beliefs and predictions as well as past and present behaviour and experiences (Weisberg et al., 1996 cited by Cohen et al., 2008). This method was chosen, as the purpose and aim of this research was to measure 'what' rather than 'why' as well as collecting data from targeted groups to provide an insight and description of attitudes and beliefs, conditions and relationships at a particular point in time (Lacey, 2008). Gray (2014) also argues that knowing and measuring 'what' is also an important issue because 'unless something is described accurately and thoroughly, it cannot be explained' (p. 238).

Questionnaire based survey was chosen due to the relatively simple and straightforward approach to the study of attitudes, values, beliefs and motives, adapted to collect generalizable information (Robson, 2011). In addition, they provide large amounts of data at relatively low cost and in a short period of time, completion can be made when convenient to the informant (Simmons, 2008), allow greater geographical coverage without any additional costs of time and travel (Bloch, 2004) while allocating anonymity and confidentiality, which can encourage truthfulness and openness (Robson, 2011). By using this method, I was able to collect a significant amount of data in a short period of time and providing the informants with sufficient amount of time for the completion of the questionnaires – up to 2 weeks. Furthermore, completion of questionnaires without the presence of the researcher can make it easier for the informants to be honest and revealing about sensitive issues and questions (Cohen, et al., 2008). All personal information questions printed on the questionnaires were erased so anonymity and confidentiality could be ensured.

Although triangulation of methods was used in this research to increase the confidence of the conclusions, I also reflected on Denzin's (1989, p. 246 cited by Spicer, 2008) warnings, that findings deriving from different methods cannot produce

a coherent and clear picture but '… what is critical is that different pictures be allowed to emerge …'. Thus, two of the very few standardized questionnaires in the Greek population, the Child Behavior Checklist 6/18 (Achenbach and Rescorla, 2001) and the Teacher Reference Form 6/18 (Achenbach and Rescorla, 2001) as well as semi-structured interview, developed to address the same research question, presented as suitable means of acquiring the information and the data needed to provide answers to the research question.

3.3. Questionnaires

The two questionnaires chosen for this research, namely The Child Behaviour Check List 6/18 (Achenbach and Rescorla, 2001) (Appendix 1) and the Teacher Reference Form 6/18 (Achenbach and Rescorla, 2001) (Appendix 2) are among the most widely used parent/teacher rating scales for children's behaviour problems (Mascendaro et al., 2012; Ung et al., 2017) and are 'an empirical-quantitative approach to describing problem behavior and psychopathology in children and adolescents' (Achenbach and Dumenci, 2001 cited by de Wolff, 2014). Behavioral assessment reports are a significant source of information that allows the researcher to study behavioral features of children, obtained through parents/caregivers (Emerich et al., 2017) and the Child Behavior Checklist for Ages 6-18 (CBCL 6/18) (Achenbach and Rescorla, 2001) provides this kind of reports, via questions about parental concerns and descriptions of children's characteristics.

Both questionnaires i.e. the Child Behavior Checklist 6/18 and the Teacher Reference Form 6/18, produce and present comparable reports of adaptive behaviour and psychopathology of children as perceived and viewed by both parents and teachers (Achenbach and Rescorla, 2001) with both exhibiting 'excellent psychometric properties' (Gomez and Vance, 2014, p. 1310). Grigorenko et al. (2010) highlights the

importance of using multiple informants and various instruments such as the CBCL, TRF as well as Your-Self Report (YSR) for a more comprehensive understanding of a child's psychopathologies while Gomez and Vance (2014) warn that researchers should be very careful when interpreting scores from these measures deriving from a single source.

Furthermore, due to the cultural diversity of individuals, these instruments were translated and empirically supported for use in multiple societies and cultural groups (more than 100 languages including Greek) (Achenbach, 2017) while published studies report the use of these instruments in over 100 societies and cultural groups (Bérubé and Achenbach, 2017 cited by Achenbach, 2017). The standardization of both the CBCL 6/78 and TRF 6/18 questionnaires for 6 to 12-year-old Greek children was undertook by Roussos et al. (1999). They used a large random sample (1200 children) covering both the rural and the urban population of Greece, to ensure that cultural norms are affected by urbanization as well as the development of psychopathology are addressed (Roussos, et al., 1999). Furthermore, they also addressed the social competence and emotional and behavioural problems of these children as well as collecting epidemiological data on the educational and occupational status of both parents which enabled them to study the influence of these factors on psychopathology (family status and family composition).

3.3.1. Child Behaviour CheckList (CBCL 6/18)

The CBCL 6/18 is a standardized scale for the assessment of emotional/behavioural problems and competencies of children aged 6 – 18, widely preferred and commonly used (Ung et al., 2017) in clinical and research settings. Brown and Achenbach (1993, cited by Dutra and Campbell, 2004) reported that well over 1000 published studies have used it, because of it is easy to administer and score (whether it

is manually scored or by using the Assessment Data Manager software), it can be applied to both clinical and non – clinical groups as well as cross-cultural groups (Achenbach and Rescorla, 2001). The school-age forms were revised in 2001 and some items (specifically those that were unscored or rare) were replaced with items that increased the accuracy of assessment on important syndromes (ASEBA, 2015).

CBCL 6/18 is a checklist that can be self-administered, i.e. not requiring the presence of the researcher, and obtains reports (based on a 6 – month period) from the child's parents or surrogates and takes up to 15 to 20 minutes to complete. The CBCL 6/18 consists of 20 competency items, which assess the amount and quality of the child's activities, social relations and school performance (e.g. participation in sports, hobbies, clubs, schoolwork). The emotional/behavioural assessment is obtained through 113 short descriptions (items) of potentially challenging behaviours (plus 2 open ended items), which are scored by a 3-point Likert scale where 0 stands for 'not true' [as far as you know], 1 for 'somewhat or sometimes true' and 2 for 'very often or often true' (Rescorla et al., 2014). Obtaining a higher score on each of the scales indicates more emotional and behavioural difficulties.

The CBCL items are grouped into eight narrow – band scales: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour and Aggressive Behaviour (De Bildt, 2005). There are two broad – band scales: Internalizing (which includes Withdrawn, Somatic Complaints and Anxious/Depressed) and Externalizing (which includes Rule-Breaking and Aggressive Behaviour) (ASEBA, 2015).

Extensive research and studies (e.g. Achenbach and Rescorla, 2001; Dutra et al., 2004; Ivanova et al., 2007; So et al., 2012) support reliability and validity of the CBCL/6-18 and showed that it is an effective tool of measurement for emotional and behavioral problems in children (Frigerio et al., 2009). In addition, Dutra and Campbell (2004) when assessing the reliability and validity of the CBCL, they concluded that '… most CBCL scales demonstrated acceptable reliability. Validity estimates were impressive, and the data revealed clinically meaningful associations between specific CBCL scale scores and developmental and family history variables' (p. 65). Complementary, psychometric evidence for the use of the CBCL and TRF in samples of youth with ASD, such as construct validity and internal consistency, have also been reported (Pandolfi et al., 2012). Additionally, Matson et al. (2012) reported good to excellent reliability and validity outcomes of the CBCL, used in ID research while Achenbach and Rescorla (2001) report the overall Interclass Correlation Coefficient (ICC) for the CBCL 6/18 was .93 for the 20 competence items and .96 for the 113 specific items, which denotes a very high inter-rater reliability.

3.3.2. Teacher Report Form (TRF 6/18)

The Teacher Report Form (TRF 6/18) is a parallel form of the CBCL 6/18. It is a standardized scale for the assessment of emotional/behavioural problems and competencies, designed for ages 6 to 18 years. The TRF 6/18 is a checklist that can be self-administered, i.e. not requiring the presence of the researcher, and obtains reports (based on a 2 – month period) from the child's teachers and other school personnel who are familiar with the children's overall functioning and behaviour in the school setting. Completion time is estimated up to 15 to 20 minutes.

The first part of the TRF includes a series of questions evaluating adaptive behaviour, i.e academic performance, working hard, behaving appropriately, learning and happy (Roussos et al., 1999). The second part contains 113 specific items describing behaviour, plus 2 open – ended problem items. All these items are rated just like the CBCL 6/18; by a 3-point Likert scale where 0 stands for 'not true' [as far as you know], 1 for 'somewhat or sometimes true' and 2 for 'very often or often true' (Rescorla et al., 2007). Obtaining a higher score indicates more emotional and behavioural difficulties (van der Heuvel, 2016).

Like the CBCL, the TRF items are grouped into eight narrow – band scales: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour and Aggressive Behaviour (Soles et al., 2008) and two broad – band scales: Internalizing (which includes Withdrawn, Somatic Complaints and Anxious/Depressed) and Externalizing (which includes Rule-Breaking and Aggressive Behaviour) (van den Heuvel et al., 2016).

The TRF 6/18 has strong psychometric properties including good test-retest reliability and strong criterion-related validity (Achenbach 1991, cited by Ung et al., 2017). Rescorla et al. (2007) in their work on similarities and differences in how teachers around the world rate their students' behavioural and emotional problems reported that TRF shower strong internal consistency across 21 countries. Accordingly, Mattison (2004) believes that the TRF/6-18 constitutes a good tool for education professionals working with students with EBD in ways of communicating with other professionals, to objectively monitor the progress of the children concerned whereas Achenbach (1991a, cited by Soles, et al., 2008) reports that the test–retest reliability for the TRF was reported to be high, with mean correlations of .90. Achenbach and

Rescorla (2001) reported that the internal consistency of the TRF produced alpha coefficients of .72 to .95, a finding supported by another study by Rescorla et al. (2007) which examined the criterion validity, internal consistency and test–retest reliability of the eight syndrome scale scores, and the Internalizing and Externalizing scale scores.

3.3.3. Procedure of data analysis:

Data produced from both CBCL 6/18 and TRF 6/18 subscales i.e. raw scores for Internalizing, Externalizing, Social, Thought and Attention problems as well as Total/Overall behaviour problems, (which sums up all the scores from all scales), were obtained in a quantitative form. Quantitative methods are those which use numbers, thus enabling greater precision in measurement and offering a well-developed theory of reliability and validity to assess measurement errors (Barker et al., 1994). Using Greek norms provided by the Assessment Data Manager (ADM) software for each scale, a T – score was assigned to each raw score. This T – score was used to assess whether a participant was within the normal[4] or clinical range of a given scale. The 93rd percentile (T – score = 60 to 63) marks the cut-off point between typical and Borderline/Clinical ranges.

For cross-informant comparisons, *Q*-correlations were calculated using the Assessment Data Manager (ADM) software, which is especially designed for usage with the CBCL 6/18 and the TRF 6/18. *Q*-correlations denote the degree of association between scores for sets of variables obtained from two individuals and can range between -1.00 (complete disagreement) and +1.00 (complete agreement) (Achenbach and Rescorla, 2001). *Q*-correlations between informants below the 25th percentile (-

[4] The term 'normal' in the Methodology and Results Section in this thesis is used in accordance to the wording used by the ASEBA^{TM} Manual, used to denote the non-clinical range.

1.00 to + 0.08 correlation), denote 'Below average' agreement, above the 75th percentile is considered 'Above average' (0.38 to + 1.00) and if otherwise the agreement is considered 'Average' (Achenbach, 2009).

Typically, very low scores suggest that the respondent has not understood the form, or is not being sincere, however, on the TRF, very low scores are not as rare as on the CBCL (i.e. 10.4% of the normative sample obtained Total Problems scores of 0) (Achenbach and Rescorla, 2001). ASEBA™ was contacted many times via e-mail for this issue and proposed several different actions that had no effect. However, on the 2nd of May 2016, a remote conference was conducted using the GoToMeeting Quick Connect software, with ASEBA™ technicians and they conferred that there was no problem whatsoever with the program and the data. According to the ASEBA™ technicians, this result was due to the very low agreement between the two informants (*Q*-Correlation -1.00). Thus, the 'nc' result was treated as being 'Below Average Agreement' and recoded into the same variable for the purposes of data analysis in SPSS 21.

3.4. Interviews

As the main objective of this research was the in-depth exploration of parental and teacher views, perceptions and feelings, interviews played a substantial role, complementing and explaining the quantitative data obtained from the survey (Robson, 2011). An interview '… is a powerful tool for eliciting rich data on people's views, attitudes and the meanings that underpin their lives and behaviours' (Gray, 2014, p. 382).

Interviews were conducted either in person or by telephone. Using the telephone for interviewing was significantly quicker and cheaper (in terms of not having to travel

to meet) than face-to-face interviews but these interviews needed to be relatively short, preferably less than 30 mins (Robson, 2011). Thus, each interview lasted an average of 10 to 15 minutes.

In relation to the structure of the interviews, semi-structured interviews were employed since they are considered most appropriate when the interviewer is closely involved with the research process, like the present (e.g. a small-scale project when the researcher is also the interviewer) (Robson, 2011). Thus, following Robson's (2011) recommendations on interviewing, I developed an interview guide, an 'aide-mémoire' for both parents (Appendix 3) and teachers (Appendix 4), largely based on the questionnaire used as well as on previous knowledge. For instance, the first two questions of the 'aide-mémoire' on 'main caregiving responsibility' arose when noticed that most of the respondents were the mothers. The other objectives of the 'aide-mémoire' for the parents and teachers, were largely based on the questionnaire and were grouped as 'collaboration and relationship', 'parental views for teacher perceptions of child' (and in case of the teacher, 'teacher views for parental perceptions of child'), 'congruence/conflict' and 'parent/teacher perceptions of child and confidentiality'. At this point, it is important to note that due to the exploratory nature of this research, a highly structured 'aide-mémoire' was not chosen because I aimed at collecting data related to the main research question which was comparing the participants' views and perceptions – a concept highly subjective in nature. Furthermore, I wanted to be able to use 'prompts' and 'probes' to elicit more detailed responses and have more clarification opportunities.

Prompting interviewees to talk about specific events and/or clarify things they mentioned during the interview proved a very helpful tool when targeting specific

information. For instance, I asked them the question ‘can you recall something that happened that puzzled you and you felt the need to share it with the teacher?’ which was very helpful in moving on the next question ‘if yes, do you feel that it is resolved, and that the teacher did help?’ which expressed partnership and collaboration between parents and teachers. However, there were questions in the aide-mémoire that were specifically targeting the research objective. For example, I asked the question ‘do you feel that your views and perceptions coincide (e.g. on your child’s academic performance, on behavioral manifestations, on social and emotional matters …)?’ which elicited very straight forward answers denoting conflict or congruence. When one or more items/topics of the aide-mémoire were not answered, I then posed another question directly related to the subject.

Regarding my attitude during the interviews and the establishment of good rapport, I aimed at remaining objective and professional but relaxed and friendly. Prior to commencing the interviews, I tried to get the participants as relaxed as possible, informing them about the purpose of the interview and starting off with easy to answer questions. Throughout the interviews, I tried to listen more and talk less while utilizing various methods to provide feedback to the respondents such as head nodding (during face to face interviews), sounds and words like ‘uh huh’, ‘that is nice’ and ‘ok’ as well as repeating back what I believed they had told me, to make sure that we agreed.

Permission was asked to use a digital recorder before each interview. Participants were verbally informed that using a digital recorder ‘…would ensure that valuable data and information will not be lost, I would be able to focus and listen more as well as avoid extensive and time-consuming note – taking’ (although some note taking was used in case something happened to the digital recorder and the audio data

became unavailable). Furthermore, participants were informed that 'the recordings would be erased immediately after narratives were put in written form and analyzed while pseudonyms would be used throughout the research' – serving the purpose of anonymity and confidentiality. All participants agreed. At the end of each interview and following Grays' (2014) recommendations on how to close the interview, I asked the participants if they had any questions or final comments that they would like to make or add. I would then check that I have asked all the questions that I intended. and thank the participants for their time, help and valuable contribution to my research.

3.5. Ethics

The fundamental ethical issue when doing research, whether is social, cultural or any other type, is how the rights of participants, as well as the researchers', are considered alongside the potential benefits to society (Ali and Kelly, 2008). Ethics are defined as a 'matter of principled sensitivity to the rights of others' (Bulmer, 2008, p. 166) and refers to rules of conduct and compliance to a general set of principles of what we ought to do (Israel and Hay, 2006 cited by Robson, 2011).

The search for objective truth and knowledge is good, however, respect for human dignity is better (Bulmer, 2008). Ethical dilemmas presented in social research largely depend on the research's context and the grounds of ethical decision making involve, among others, responsibility towards the participants (rights and respect), a commitment to knowledge and protection of the researcher (Robson, 2011).

Ethical approval was sought from the Centre for Educational Research and Evaluation (CERE) as well as from the Ministry of Education and Culture in Cyprus. An online application was submitted requesting permission to conduct this research along with the research proposal that explains in detail the aim, purpose and procedures

of the study. Another application for permission was submitted to the Open University's Human Research Ethics Commission.

The CERE commission, after examining the application, suggested that permission should also be obtained from the National Bioethics Committee of Cyprus. The Bioethics Committee approved the research (Appendices 5 – 5b) and written permission from the Ministry of Education and Culture was received (Appendices 6 – 6a). In addition, approval from the OU Human Research Ethics Committee was also obtained and gave the study a favourable opinion (Appendix 7).

However, the approval from the Ministry was conditional and for this study to be contacted via the schools, some changes had to be made. The CERE proposed that some questions/items needed to be rephrased and be put in a 'friendlier' manner (Appendices 8 – 8a). Given that both, the CBCL 6/18 and the TRF 6/18 are internationally recognized research tools as well as standardized and copyrighted materials and could not be altered because it would greatly compromise their validity and reliability, the suggestions from the CERE could not be implemented. Addressing this issue, in the cover letter accompanying the questionnaire it was clearly stated, as post-script and in bold, that the age range of the CBCL is considerably wide (6 - 18 years of age), thus, some of the questions might seem unfitting for very young children.

Participants' anonymity, confidentiality and protection of the data and information they provided, was ensured and explained both verbally and through an information sheet (Appendices 9 – 10a). The purpose of informed consent is to support and promote the idea of individual autonomy, protecting and maintaining the rights of human subjects in that are participating knowingly and voluntarily to the research (Ali and Kelly, 2008). Thus, I explained to the potential participants that all data would be

treated in confidence and their names, their children's names, the location as well as the name of the school would not be identified in the research. The participants were also assured that their rights are protected and that if they wish to withdraw or deny taking part in this research for any or no reason and at any time it is their informed right to do so – no questions asked. Written consent was provided through a consent form signed by the participant which also gave them the option of getting informed about the findings of the research by ticking the appropriate box and providing an e-mail address.

Informed consent, in this research posed a real challenge especially as far as the voluntary participation of the parents of children with SEN is concerned given that they were people that I knew. This posed several ethical dilemmas: do they really want to participate, or do they feel obligated? Am I 'using' them and thus taking advantage of our relationship? Addressing this issue, I decided that instead of contacting them via telephone to ask them if they would be interested in participating in the research, I would pursue a face to face meeting. By meeting with the potential participants face-to-face gave me the chance to collect visual information and cues as well as body language, to understand whether they were voluntarily taking part or feeling coerced and that they fully understand their right to deny taking part or withdraw from the research.

Another ethical issue is the promise of confidentiality (McNiff, 1996) and given that a questionnaire as well as an interview can be thought of as an intrusion into the life of the respondent - in terms of time allocated to completing it - the level of threat or sensitivity of the questions, the possible invasion of privacy, confidentiality, anonymity and non-traceability are factors of great importance (Cohen et al., 2008). Participants were assured that the data collected were used solely for the aims of this

research and treated with respect and confidentiality, not revealing anything of personal or compromising nature, such as real names or people or places. In line with this, there were no photographs or videotaped material collected that would otherwise compromise the anonymity and confidentiality of the informants, with the exception of the audio material from the semi-structured interviews, where participants were verbally informed that the audio material would be immediately erased after the narratives were transcribed, translated and thematically analysed.

3.6. Sampling Technique

The sample design for this research is a mixed one, using a boosted sample design (to include all children with SEN) as well as a snowball sample design. A boosted sample – a variant to purposive sample – was used to be able to include those who may otherwise be excluded from or under-represented in a sample because they are considered a minority i.e. children with SEN (Cohen, et al., 2008). According to Gray (2014) purposive sampling is used when specific individuals, groups, events or environments (e.g. schools, institutions, offices) are selected because they can give important data that could not be gained otherwise i.e. by using another sampling procedure. Hence, all the children with SEN were selected and deliberately included to ensure appropriate representation in the sample.

Snowball sampling was also used, which is a design best suited where access is difficult due to several reasons e.g. because the research topic is perceived as being 'sensitive' or where access to institutions (e.g. schools) is difficult to be obtained through formal channels (Cohen et al., 2008). This design was used because despite this research being approved from both, the OU Human Research Ethics Committee and the National Bioethics Committee of Cyprus, the permission obtained from the

Ministry of Education and Culture of Cyprus (MOEC) was conditional, thus, gaining access to schools was extremely difficult to be obtained. No other school in the district would accept taking part in this study and giving access to contact information of parents. In the only school participating, the Headmistress, the teachers and the Parents Association were willing to participate and nominate informants thus 'acting as link gatekeepers' (snowball sampling design) (Gray, 2014, p. 224).

3.7. The pilot study

Pilot studies are small scale trials of several aspects of the research which are testing out the administrative procedures, indicate any mistakes in measurement or design (Barker et al., 1994). Thus, for the purposes of this research, a pilot study was conducted between December 2014 and January 2015. The sample of the pilot study consisted solely of parents of children with SEN (n = 10) and their teachers (n = 8, a special unit teacher and 7 teachers).

Every participant in the pilot study was approached in person, asked whether they wished to participate in the research and there were no refusals. Potential participants were informed both verbally and in written form about the aim and purpose of this research, what their involvement in the research meant and that if they wished to participate, they had to sign the consent form, confirming that they understood and agreed (Appendices 11 - 12a). Additionally, if for whatever reason they did not wish to participate, it was their informed right and they could do so, no questions asked. The same applied in case they wished their child to be removed from the sample, where they could complete and return the 'Exclusion/Withdrawal Note' (Appendices 11 - 12a). I explained to the potential participants that the data collected would be used solely for the purposes of this research and would be treated in confidence while their names, the

children's names or the name of the school and area located would not be disclosed to anyone.

The fact that there were no refusals is interesting and may pose an ethical issue concerning voluntary consent i.e. whether asking in person forced the participants to respond in a positive manner. Response time for each questionnaire was approximately 1 to 2 weeks. In terms of timing and responses, Gray (2014) suggests that just after two weeks, 80% of what will prove to be the final total is usually returned. All questionnaires were returned during that time with one exception, no 8. When reminded the mother responded that she had a lot of things going on and that she needed more time – it was not a matter of not wanting to take part or avoidance, it was rather matter of bad timing.

Upon receiving all the questionnaires, the data were logged (and verified) in the ADM software for scoring purposes. Overall, the participants in the pilot study did not report any problems with the questionnaire itself but did express their preference on having their children personally returning the questionnaires (to me or to the classroom teacher) instead of placing them in a box.

3.8. Data gathering and procedure

3.8.1. Approaching participants and obtaining consent

All the parents of children with SEN from the school, pilot study participants included, were contacted in person and asked whether they wish to participate (SEN *n*=24). Contact information of the parents of children with NoSen (NosSEN *n*=53) was obtained from other parents who 'nominated' other individuals who thought that they might be interested in participating. There were no refusals except one – although one mother agreed to complete a questionnaire for her daughter she refused to do the same

for her son. Reason for refusal was not sought because in the consent form it clearly states that it is their unconditional right to refuse to participate.

Response time for each questionnaire was approximately 1 to 2 weeks, delivered in a sealed envelope (which was provided with the questionnaire) to me personally or to the school teacher. Upon receiving each questionnaire, the data were logged (and verified) in the ADM software for scoring purposes.

3.8.2. Confidentiality and use of data

Data from the survey were inaccessible to everyone except the researcher, who collected the sealed envelopes (from both parents and teachers) containing the questionnaires. The laptop used for the purposes of this research is password protected and no other than the researcher has access. Participants were assigned a code number identifier and information allowing the link between the code and the name – as well as the consent forms and the questionnaires – is kept separate and in locked storage. The coded data were immediately logged in the ADM (Assessment Data Manager) software and the Statistical Package for Social Science (SPSS) 21.

3.9. Data Analysis

3.9.1. Data Analysis of Questionnaires

Upon receiving the questionnaires, I checked for any unanswered items and/or omissions made by the respondents and none was found. All questionnaires were logged into the ADM (raw scores) and the SPSS 21 (coded/categorical scores as well as raw scores) upon delivery. The Assessment Data Manager (ADM) software used for the purposes of this study, enables the researcher to quickly enter, score, and compare data from parent, teacher, partner/spouse or self-reports by using the ADM modular system (ASEBA, 2009). It also enables the researcher to manage and compare data

entered from a combination of up to eight CBCL/6-18 and TRF/6-18 forms per child and prints scored profiles from forms completed by each informant.

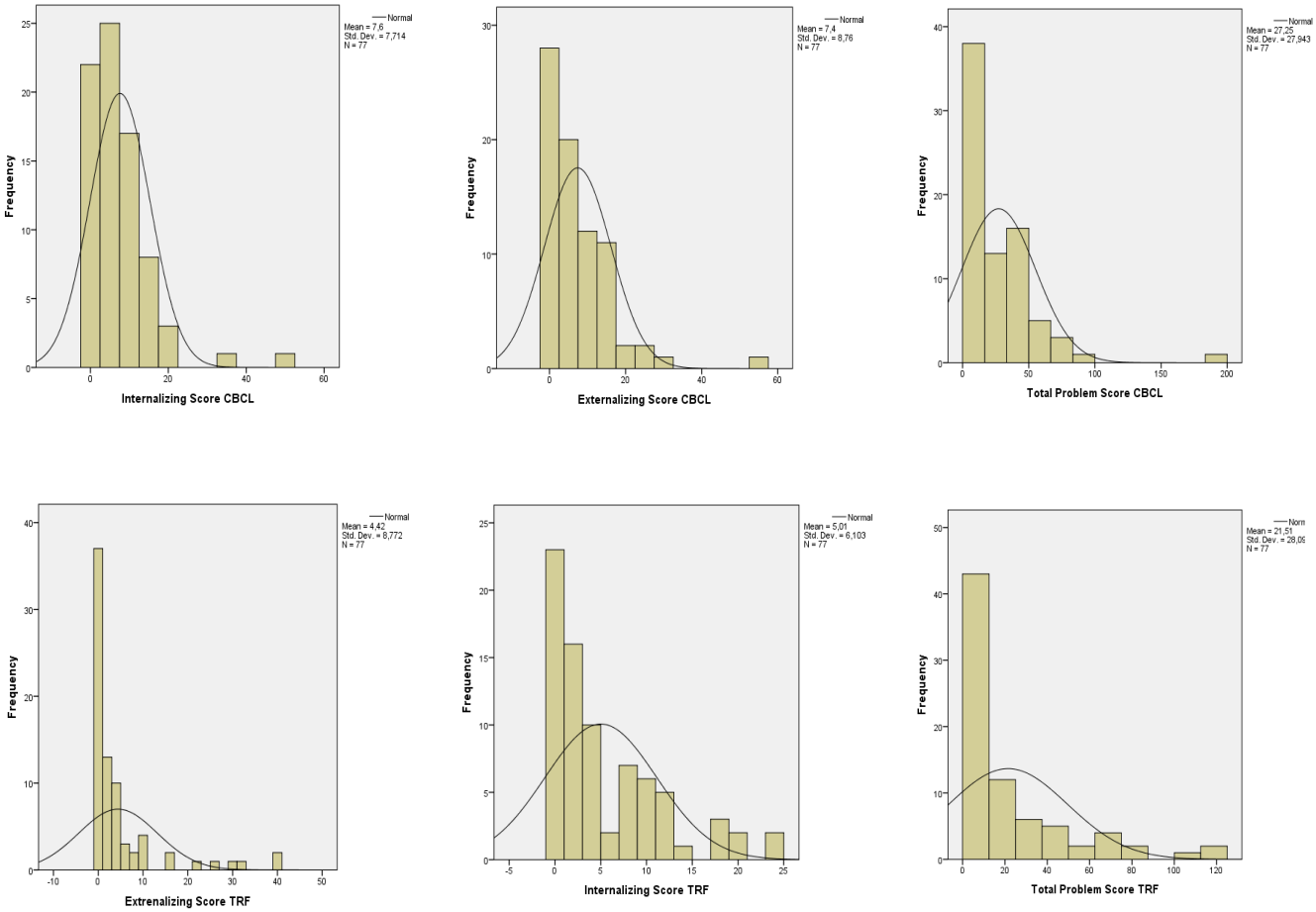
Apart from the ADM, data analysis was also performed using the IBM Statistical Package for the Social Sciences 21 (SPSS 21) software which was obtained via the Open University. The data produced by the ADM are non-parametric – nominal (i.e. Internalizing, Externalizing, Borderline, Total Problems) as well as ratio scale data (i.e. *Q*-Correlation and the exact raw scores for Internalizing, Externalizing, Borderline, Total Problems).

Logging the data into the programmes was a straightforward procedure, apart from 11 TRF questionnaires. These questionnaires had a Total Problems score 0, meaning that the teachers scored only 0 on all the items and the ADM could not calculate the *Q*-correlation (nc = not calculable). TRF 6/18 as well as CBCL 6/18 is scored using a 3-point Likert scale where 0 stands for 'not true' [as far as you know], 1 for 'somewhat or sometimes true' and 2 for 'very often or often true' (Rescorla et al., 2014).

Tests of normality were performed (Kolmogorov – Smirnov) for the three variables, namely Internalizing, Externalizing and Total Problems. Using the theoretical normal distribution of scores i.e. Gaussian curve (where the mean, the median and the mode coincide) (Robson, 2011) produced a positive skewness on all three i.e. most of the extreme observed values are above the mean (Robson, 2011). Based on the type and distribution of the scores (positive skewness), as well as the type of the data (non – parametric i.e. nominal and ratio scale data), three tests were selected for comparing the two groups (parents and teachers) and for other data analysis purposes, namely, the Pearson Chi-square, the Wilcoxon test and the Mann-Whitney *U* test. In addition, a univariate analysis of variance (Two-way ANOVA) was used to

examine the effect of gender and group in the three scales of CBCL and TRF respectively. Figure 1 presents the Histograms for all six variables for all the sample (*n* = 77).

Figure 1: Histograms for all Six Variables, Internalizing CBCL and TRF, Externalizing CBCL and TRF as well as Total Problems CBCL and TRF



The Pearson Chi-square was selected because it can be used when the data are nominal (i.e. Gender by Group / Group by Agreement categories) and it measures the difference between a statistically generated expected result and an actual result to see if there is a statistically significant difference between them (Cohen et al., 2008). The

Wilcoxon test was selected because it can be used for a two-condition (i.e. CBCL 6/18 and TRF 6/18) related design when the same subjects (Group n = 77) perform under both conditions. The aim is to compare the performance of each subject to find out whether there are significant differences between their scores under the two conditions (Greene and Oliveira, 1998).

The Mann-Whitney *U* statistical test was selected because it can be used for a two condition (CBCL 6/18 and TRF 6/18) unrelated design with different participants (SEN and NoSEN / Gender) performing for each condition (Cohen et al., 2008; Greene and Oliveira, 1998). According to Greene and Oliveira (1998) the *U* is a statistical index that denotes the smaller total of ranks (e.g. the smaller the *U* the more significant the differences in ranks) thus the median scores of both groups can be compared.

3.9.2. Data Analysis of the interviews

Qualitative analysis encompasses the methodological and systematic consideration of the data to identify themes, ideas, notions and concepts that will contribute to our understanding of a phenomenon (Gilbert, 2008). During the process of analysing my participants interviews I engaged in thematic analysis (TA) choosing to follow the Braun and Clarke (2006) model while in Appendices 13 and 13a I include an example of the procedure followed during the data analysis. This method was chosen because it can be used to analyse small as well as large data-sets and homogenous as well as heterogeneous samples (Clarke and Braun, 2017) which makes this method ideal since the present study is a case study survey with a data set comprising of 5 participants deriving from heterogeneous samples i.e. parents and teachers. Moreover, TA can be thought of as an 'experiential' research employed to detect patterns within and across data associated to participants' lived experience, views and perceptions, as

well as behaviour and actions (Braun and Clark, 2013), notions and concepts which are in line with my research question.

3.9.2.1. Thematic Analysis

3.9.2.1.1. Step One: Familiarization with the Data

Aiming at becoming familiar with the interview data and to 'get a general flavor of what is happening' (Gray, 2014 p. 604), I engaged in verbatim transcription of the data. Verbatim transcription of the data was a slow and time – consuming work that I undertook but gave me the advantage of familiarizing myself with the data, which is thought of the 'key to successful qualitative analysis' (Fielding and Thomas, 2008, p. 259). Transcription time per interview was approximately 2 hours with Fielding and Thomas (2008) reporting a typical ratio being 4 to 6 hours of transcription per hour of interview.

Taking up on Fielding and Thomas's (2008) recommendations on transcription, the interview questions were typed on the left-hand side of the document while the participant's answers were typed on the right and any probs, prompts or additional questions used were typed on the right-hand side of the document exactly below each respondent's answer, highlighted and in brackets. On the right-hand side, next to the interviewees' answers, another column was inserted, which was later used for coding purposes.

Apart from transcribing and translating the data I also listened to the entire recordings many times, for a sense of whole as well as aiming to correctly capture and understand *how* something is said e.g. the tone and inflection of the voice (rising or falling), pauses, the mood of the speaker (Cohen et al., 2008). I share the notion that

interviewees statements are not just collected and presented in written form but '… they are [statements], in reality co-authored' (Kvale, 1996, p. 183 cited by Cohen et al., 2008) because the transcriber must make choices about what to use, and how to best express it (Braun and Clarke, 2013). Analytic sensibility, a term proposed by Braun and Clarke (2013), refers to the skill (innate or acquired) of reading and interpreting data depending on the theoretical perspective and method chosen by the researcher.

Keeping these in mind, I aimed at obtaining a sense of holism of the interview because I strongly support that notion that often the whole is greater than the sum of the parts (Cohen et al., 2008).

3.9.2.1.2. Step Two: coding and developing themes

Braun and Clarke (2013) define coding as the process of detecting and recognizing pieces of data that relate to the research question. A code is a word or short phrase that denotes the essence of why you think a certain piece of data may be valuable. While listening and reading to the recordings and transcripts, I started to notice things of interest. These first thoughts and impressions or what Braun and Clarke (2013) refer to as 'initial noticings' (p. 205) were typed on the column next to the interviewees answer, in the space provided for coding purposes.

Following this step, I grouped the information from the interviews creating an initial list of codes and based on this initial list and while reading my transcripts I also made notes next to paragraphs or sentences denoting the theme and the information that emerged (e.g. cooperation, collaboration, conflict). Braun and Clarke (2017) define 'theme' as a 'pattern of meaning' (p. 297) which denotes and describes something significant about the data in relation to the research question (Braun and Clarke, 2006).

It's usually more extensive compared to a code, which will capture one idea, whereas a theme has a central organizing concept (i.e. an idea or concept that reveals a meaningful pattern in the data and provides an answer relevant to the research question) (Braun and Clarke, 2013).

Developing themes from coded data was a dynamic and active process (Braun and Clarke, 2013) and through this process, of reading and re-reading the transcripts and taking/changing notes on the side, more themes appeared, while others changed. Taking Braun and Clarke's (2013) advice I revised the themes numerous times to ensure coherence (central organising concept), distinction (from each other), and that they relate to my research question. Despite some themes being observed frequent in the transcripts, frequency as a number was not the primary focus of my research when analyzing qualitative data. TA is about capturing the different elements that are most meaningful for answering the research question, thus it is about meanings rather than numbers (Braun and Clarke, 2013).

Additionally, I used a software package Kidspiration 3, which is a software that provides a visual way to explore ideas and relationships as well as organize information through graphic organizers (Inspiration Software, 2018). Visual thematic maps were very useful aid for exploring and refining the relationships between codes and themes (Braun and Clarke, 2013) and examples are provided in Appendices 14 - 14c.

IV. RESULTS

In this section, results are organized into two parts. Firstly, preliminary analysis was carried out in the form of the descriptive statistics for gender (children and parents) and age (children) as well as for the two groups (SEN and NoSEN), to gain familiarity with the data, notice if anything appears important and consequently assess whether there are any significant differences between these variables. Statistical data analysis follows, as well as the main findings from the thematic analysis of the semi-structured interviews, in line with providing answers to the research question, i.e. whether there are any differences in the perceptions and views of parents and teachers of children with and without special educational needs regarding internalizing, externalizing and total problems.

4.1. Characteristics of Sample

A percentage of 12% of the school was primarily targeted but the final percentage of participants reached 20.64% (77 participants). From the 77 children of the sample, 24 were referred as having Special Educational Needs while the remaining 53 without. For the current study, the only exclusionary criterion was severity of condition, thus, only one child diagnosed with Autistic Spectrum Disorder (e.g. nonverbal, excessive behavioural difficulties) was excluded (shortly after, the child transitioned to a special school). The exclusion was decided after receiving a personal e-mail from the official distributor's for CBCL and TRF for Greece answering my question on whether this instrument is suitable for children with ASD. Specifically, the distributor replied that CBCL '… is not a suitable instrument for individuals with severe autism, however, it can be used for more milder ASD presentations e.g. Asperger's' (Appendix 15).

All the children of the SEN group had formal diagnosis from various government agencies. Specifically, most children of the SEN sample attending regular classrooms but receiving special education and speech therapy, were diagnosed with Speech and Language difficulties (SLD), Learning Difficulties (LD) and Attention Deficit Hyperactivity Disorder (ADHD) (comorbid conditions were also evident) whereas children attending the special unit of the school were diagnosed with Developmental Delay (DD), Developmental Coordination Disorder (DCD), Intellectual Disability (ID) and one child with Autism Spectrum Disorder (ASD) (high functioning autism). However, it is important to note that some children attending the special education unit also exhibited comorbid conditions (e.g. ASD comorbid with ID).

4.1.1. Age and Gender of Children with Special Educational Needs (SEN) and No Special Educational Needs (NoSEN)

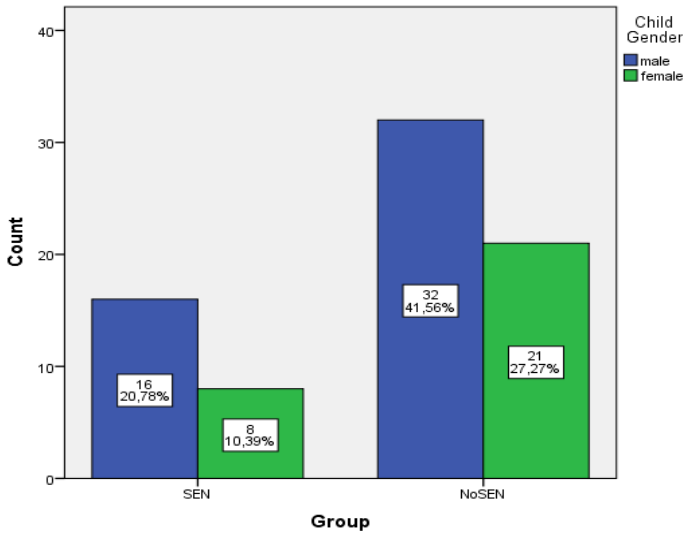
The total sample of the children with SEN (n=24) consisted of 16 males (66.7%) and 8 females (33.3%) while the NoSEN sample (n=53) comprised of 32 males (60.4%) and 21 females (39.6%). As observed from the descriptive statistics, there are more males present in both groups compared to females, particularly in the SEN group where the number of males is double when compared to the number of females. A Pearson Chi-square test was performed to assess any differences between the two groups (SEN and NoSEN) on child gender and no significant differences were found [χ^2 (1, n=77) = 0.278, p = 0.598].

Additionally, when assessing any differences between gender of the SEN group and the general population in Cyprus using data from the Statistical Service of Cyprus (MOF, 2018), and importing the data to the chi-square online calculator (Social Science Statistics, 2018) no statistical differences were found (χ^2 = 0.4548, p = 0.500069). As with the SEN group, gender in the NoSEN group did not produce any statistically significant differences (χ^2 = 1.8189, p = 0.177445).

Table 2: Descriptive Statistics for Child Gender

	SEN n=24	**NoSEN n=53**	**Total n=77**
Gender	Male: 16 (66.7%) Female: 8 (33.3%)	Male: 32 (60.4%) Female: 21 (39.6%)	Male: 48 (62.3%) Female: 29 (37.7%)
Pearson χ^2			0.278
df			1
p			0.598

Figure 2: Bar Chart of the Two Groups and Child Gender



The mean age of the sample (*n*=76) was 117.11 months (9.76 years of age) (*SD* 22.228), with a range of 77 to 156 months of age (6.4 to 13 years of age) with an interquartile range of 41 months. A t-test was used to assess any statistically significant differences between the two independent samples, namely SEN (*M*=122.13 *SD*=22.25) and the NoSEN (*M*=114.92 *SD*=20.601) and results indicated that there are no statistically significant differences between the two age groups (t (74) = 1.367, *p* = .789). Table 2 presents the results of the t-test for age in months by the two groups.

Table 3: Results of T-test for Age in Months for the Two Groups

	SEN			***NoSEN***				
	M	**SD**	**n**	**M**	**SD**	**n**	***t-test***	***df***
Age	122.13	(22.25)	23	114.92	(20.601)	53	1.367*	74

** p = 0.789*

Note: M = Months, SD= Standard Deviation, n=participants

4.1.2. Characteristics of Parent Sample

The total sample of the parents/informants consisted of 10 males (13%) and 67 females (87%). The sample of parents of children with SEN consisted of 2 males (8.3%) and 22 females (91.7%) while the sample of parents of children of NoSEN consisted of 8 males (15.1%) and 45 females (84.9%). A Pearson Chi-square test was performed to assess any differences between parent gender in each group (SEN and NoSEN) and no significant differences were found [χ^2 (1, n=77) = 0.668, p = 0.414]. However, since there was one cell with less than 5 cases, a 'correction of continuity' (sometimes referred to as 'Yates' correction) (Gray, 2014) was produced, which also indicated that there were no significant differences between the parent gender and child group (χ^2 Yates (1, N (77) = 0.204, p = 0.652). Likewise, Fisher's Exact test also indicated that there were no significant differences between the two groups (Fisher's Exact sign. 2sided p = 0.716). However, as observed from descriptive statistics, mainly the mothers (87%) acted as informants as opposed to fathers (13%). Table 3 presents descriptive characteristics of parents' gender from the whole sample (SEN and NoSEN).

Table 4: Descriptive statistics for Parent Gender

	Parents of children with SEN n=24	***Parents of children with NoSEN n=53***	***Total n=77***
Gender	Male: 2 (13%) Female: 22 (87%)	Male: 8 (15.1%) Female: 45 (84.9%)	Male: 10 (13%) Female: 67 (87%)
Pearson χ^2			0.668*
df			1
p			0.716

*1 cell has expected count less than 5

4.1.3. Characteristics of Teacher Sample

The total sample of the teachers consisted of 8 males (10.4 %) and 69 females (89.6 %). The sample of teachers of children with SEN consisted of 2 males (8.3 %) and 22 females (91.7 %) while the sample of teachers of children of NoSEN consisted of 6 males (11.3 %) and 47 females (88.7 %). A Pearson Chi-square test was performed to assess any differences between teacher gender in each group (SEN and NoSEN) and no significant differences were found [χ^2 (1, n=77) = 0158, p = 0.691]. However, since there was one cell with less than 5 cases, 'Yates' correction (χ^2 Yates (1, N (77) = 0.001, p = 1.000) as well as Fisher's Exact test also indicated that there were no significant differences between the two groups (Fisher's Exact sign. 2sided p = 0.519). As observed from descriptive statistics, mainly female teachers (89.6 %) acted as informants as opposed to male teachers (10.4 %) and Table 3 presents the descriptive characteristics of teachers' gender from the whole sample (SEN and NoSEN).

Table 5: Descriptive Statistics for Teacher Gender

	Teachers of children with SEN n=24	***Teachers of children with NoSEN n=53***	***Total n=77***
Gender	Male: 2 (8.3 %) Female: 22 (91.7 %)	Male: 6 (11.3 %) Female: 47 (88.7 %)	Male: 8 (10.4 %) Female: 69 (89.6 %)
Pearson χ^2			0.158*
df			1
p			0.691

*1 cell has expected count less than 5

4.2. Univariate Analysis of Variance (Two Way Anova)

4.2.1. Internalizing, Externalizing and Total Problems of CBCL by Gender and by Group

A Two Way Anova (2X2) test was conducted that examined the effect of gender and group in the three scales of CBCL, namely Internalizing, Externalizing and Total Problems. The assumption of homogeneity of variances was tested and satisfied based on Levene's *F* test, F (3, 73) = 1.414 p = .246 for internalizing, F (3, 73) = 1.771 p = .160 for externalizing and F (3, 73) = 2.092 p = .109 for total problems. For the internalizing scale and the total problems scale of the CBCL, results indicated that there was statistically significant interaction between the effects of gender and group whereas for the externalizing scale was not.

There is a statistical interaction effect between p = 0.025, for the Internalizing scale, suggesting that parents tend to view boys differently compared to girls, in both groups. Parents consider the girls in the SEN group as exhibiting more internalizing problems ($\overline{x}$= 14.38) compared to boys ($\overline{x}$ = 9.56) whereas parents in the NoSEN group consider boys ($\overline{x}$ = 7.44) as exhibiting more internalizing problems than females ($\overline{x}$ = 3.76) (F (1,76) = 5.219, p = 0.025).

To identify to which items of the internalizing scale parents of children with NoSEN, scored boys higher than girls, more statistical tests were used (gender x item x group) and results indicated that in all the items except one there were no statistically significant differences. The one item in the internalizing scale that showed statistically significant differences for gender, was the 'feels worthless or inferior' item (Fisher's Exact sign. 2sided p = 0.019). This is a very interesting finding, showing that parents in the NoSEN group assigned significantly higher scores to boys compared to girls on

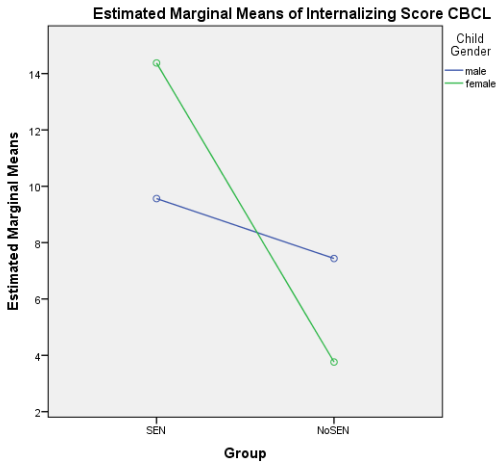
this item. Furthermore, by observing the frequencies and percentages of how the parents scored, it showed that parents in the NoSEN group scored boys higher on several items like crying, fear, nervous, being secretive, enjoying little and notably scoring higher in many items on the somatic complains scale (e.g. aches, vomit, headaches, nausea stomachaches) compared to girls. However, it should be noted that out of the 32 boys of the NoSEN sample, 6 fell into the clinical range, 24 into the normal range and 2 in the borderline range as opposed to 1 girl falling in the clinical range, 20 in the normal and none in the borderline range.

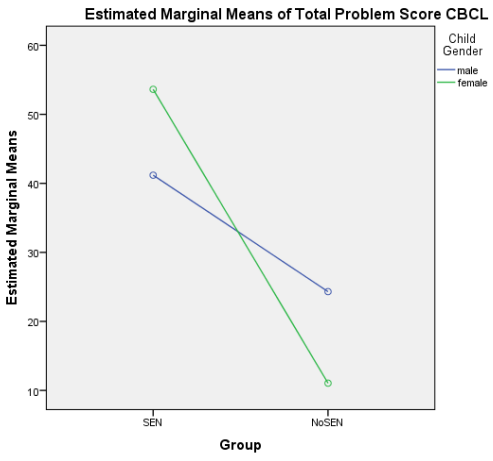
Conversely, parents in the SEN group consider girls as exhibiting more internalizing problems compared to boys. From the SEN group, 7 boys and 3 girls fell into the clinical range, 8 boys and 2 girls in the normal range and 1 boy and 3 girls in the borderline range. As with the NoSEN group, statistically significant differences were not found when testing each item separately except one, namely the 'feels he/she has to be perfect' item [χ^2 (1, n=23) = 7.186, p = 0.028], which is a very interesting finding, showing that parents in the SEN group assigned significantly higher scores to girls compared to boys on this specific characteristic. Again, observing the frequency and the percentages of the parent's scores, results showed that parents of the SEN group scored girls higher on several internalizing behaviors e.g. fear, feeling nervous, worries, enjoys little and feeling sad compared to boys.

There was also a statistically significant interaction between the effects of gender and group (SEN and NoSEN) on the Total Problems scale for the CBCL. Specifically, parents from the SEN group scored 5 boys and 5 girls as being in the clinical range, 7 boys and 2 girls in the normal range and 4 boys and 2 girls in the borderline range. Parents of the NoSEN group, scored 3 boys and no girls in the clinical range, 26 boys and 20 girls in the normal range and 3 boys and 1 girl in the borderline

range. Results suggested that parents tend to view boys differently compared to girls, in both groups. Parents consider the girls in the SEN group as exhibiting more behavioural problems ($\overline{x}$ = 53.63) compared to boys ($\overline{x}$ = 41.19). Specifically, when testing each item with gender and group, statistically significant difference between boys and girls in the SEN sample was found in the item 'daydreams or gets lost in his/her thoughts' [χ^2 (2, *N*=23) = 6.875 *p* = 0.032] with girls scoring higher whereas boys scored higher on the 'impulsive or acts without thinking' item [χ^2 (2, *n*=23) = 6.825, *p* = 0.033], both items in the Attention Problems scale. Parents in the NoSEN group consider boys ($\overline{x}$ = 24.31) as exhibiting more behavioral problems than females ($\overline{x}$ = 11.01) [F (1,76) = 4.034, *p* = 0.048] whereas statistically significant difference was found in the items 'acts too young for his/her age' (Fisher's Exact sign. 2sided *p* = 0.038) and 'can't concentrate, can't pay attention for long' [χ^2 (2, *n*=53) = 6.464, *p* = 0.039] in the Attention Problems scale with parents scoring boys significantly higher compared to girls. Figures 3 and 4 present the profile plot for Internalizing problems and Total problems for CBCL by gender and by group.

Figure 3 and 4: *Profile Plot for Internalizing Problems and Total Problems for CBCL by Gender and by Group*

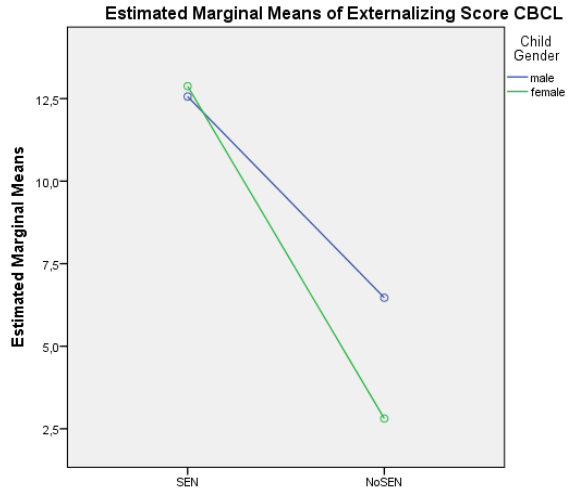




For the Externalizing scale of the CBCL, there was no statistically significant interaction between the effects of gender and group (SEN and NoSEN), [F (1,76) = 0.921, p = 0.340], which indicates that parents view boys and girls, in both groups, as manifesting similar Externalizing behavioural patterns. Specifically, parents from the NoSEN group scored 3 boys and no girls in the clinical range, 26 boys and 20 girls in the normal range and 3 boys and 1 girl in the borderline range. Parents from the SEN group scored 4 boys and 3 girls as being in the clinical range, 6 boys and 4 girls in the normal range and 6 boys and 1 girl in the borderline range. However, there was one item which denoted moderate statistically significant differences with parents of the NoSEN group scoring boys higher than girls, namely 'unusually loud' [χ^2 (2, n=*53*) = 6.183, p = 0.045] in the Aggressive Behaviour scale.

Overall and despite the nonexistence of statistically significant difference on all the other items, parents of the NoSEN group scored boys higher in all the items of the externalizing scale whereas parents of the SEN group scored both, boys and girls similarly. Figure 5 provides the profile plot for the Externalizing problems for CBCL by gender and by group.

Figure 5: Profile plot for Externalizing Problems for CBCL by Gender and by Group



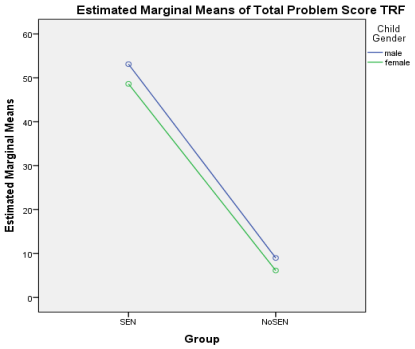
4.2.2. Internalizing, Externalizing and Total Problems of the TRF by Gender and by Group

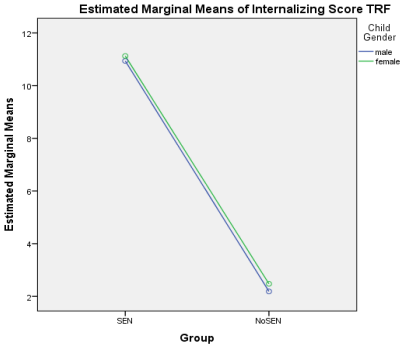
A Two Way Anova (2X2) test was conducted that examined the effect of gender and group for the three scales of the TRF. The assumption of homogeneity of variances was tested but was not satisfied based on Levene's *F* test, F (3, 73) = 8.599 p = .001 for internalizing, F (3, 73) = 33.551 p = .001 for externalizing and F (3, 73) = 16.297 p = .001 for total problems. Results indicated that there was no statistically significant interaction between the effects of gender and group (SEN and NoSEN), on the Internalizing (F (1,76) = 0.002, p = 0.966), Externalizing (F (1,76) = 9,394, p = 0.675) and Total Problems (F (1,76) = 0.026, p = 0.872) scales of the TRF. Specifically for the internalizing scale, teachers scored 1 boy and 1 girl in the clinical range, 29 boys and 20 girls in the normal range and 2 boys and no girls in the borderline range. For the total problems scale and the externalizing scale, they scored all boys and girls in the normal range. Thus, teachers tend to view boys and girls, in both groups, exhibiting similar behavioural patterns on all three categories.

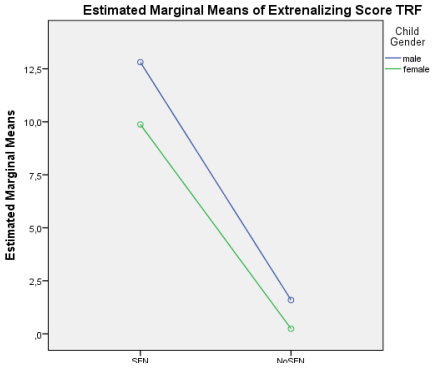
However, despite the non-significant interaction effect, to identify in which items the teachers scored boys higher than girls or vice versa, more statistical tests were used (gender x item x group). Results indicated that teachers of the SEN group scored boys higher on the items 'self-conscious or easily embarrassed' [χ^2 (2, $n=24$) = 7.350, p = 0.025] in the Anxious/Depressed scale, 'prefers being with younger children' [χ^2 (2, $n=24$) = 6.900, p = 0.032] in the Social Problems scale and 'difficulty following directions' [χ^2 (2, $n=24$) = 6.634, p = 0.036] in the Attention Problems scale, and scoring girls higher in the 'prefers being with older children or youths' item [χ^2 (2, $n=24$) = 9.789, p = 0.007] in the Rule Breaking Behaviour scale and 'easily jealous'

(Fisher's Exact sign. 2sided $p = 0.013$) in the Social Problems scale. The teachers in the NoSEN group scored both boys and girls similarly, apart from the item 'defiant talks back to staff' (Fisher's Exact sign. 2sided $p = 0.039$) in the Aggressive Behavior scale, which denoted statistically significant differences with teachers scoring boys higher. Figures 6, 7 and 8 below show the profile plots for Internalizing, Externalizing and Total Problems for TRF by gender and by group.

Figures 6, 7 and 8: Profile plots for Internalizing, Externalizing and Total Problems for TRF by Gender and by Group







4.3. Data Analysis and Cross-informant comparisons (Internalizing, Externalizing and Overall Problems Categories) and the two Groups (SEN and NoSEN)

Cross-informant comparisons (*Q*-correlations) for parents and teachers of children from the two groups obtained by the ADM indicated that most parents of children from the NoSEN group (62.3%) fell into the 'Below Average Agreement' category and only a small portion (9.4%) into the 'Above Average Agreement' with the remaining 28.3% falling into the 'Average Agreement' category. *Q*-correlations between informants below the 25th percentile i.e. -1.00 to + 0.08 correlation, denote 'Below average' agreement, above the 75th percentile is considered 'Above average' i.e. 0.38 to + 1.00 and if otherwise the agreement is considered 'Average' (Achenbach, 2009). Conversely, most parents and teachers of children from the SEN group (58.3%) fell into the 'Average Agreement' category, with 29.2% falling into the 'Above Average' category and 12.5% into the 'Below Average Agreement' category. Table 3 presents the descriptive statistics for cross-informant agreement for Parent / Teacher Agreement for the two Groups.

Analysis indicated that there were highly statistically significant differences between the parents and teachers and the two groups (χ^2 (2, n = 77) = 16.833, $p < 0.001$). Moreover, a Mann-Whitney *U* test was performed to enhance and complement the results of the chi-square. For this test to be applied, the agreement categories (i.e. Below, Average and Above), were replaced by the exact *Q*-correlation scores obtained by the ADM (Appendices 16 – 16a). Analysis indicated that there were indeed statistically significant differences between the parents and teachers and the two groups, where the *U* equalled 259.000 ($p < 0.001$). Thus, results suggest that parents and teachers of the SEN group, agree more on their reports of children's behavioural difficulties compared to the parents and teachers of the children from the NoSEN group.

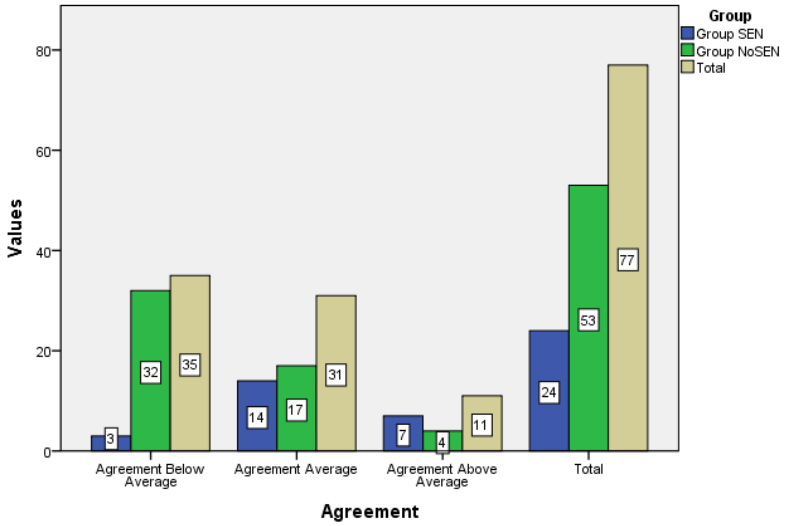
*Table 6: Descriptive statistics for Parent – Teacher Agreement for SEN group based on ADM calculations **

	Below Average *n*	Average *n*	Above Average *n*	Total *n*
SEN	3 (12.5%)**	14 (58.3%)	7 (29.2%)	24
NoSEN	33 (62.3%)	15 (28.3%)	5 (9.4%)	53
Pearson χ^2				16.833
df				2
p <				0.001

* see Appendices 16 - 16a for detailed Cross-informant comparisons (*Q* – Correlations) for parents and teachers of children with SEN and NoSEN respectively

** 1 cell (16.5%) has expected count less than 5. The minimum expected count is 3.74.

Figure 9: Bar Chart 2 for Parent-Teacher Agreement for the two Groups



4.3.1. Descriptive and Data Analysis for the three CBCL 6/18 scales (Internalizing, Externalizing and Total Problems) with the two Groups (SEN and NoSEN)

A cross tabulation was performed for the three CBCL 6/18 scales (Internalizing, Externalizing and Total Problems) with the two Groups (SEN and NoSEN). For the Internalizing scale, 83% of the parents of children with NoSEN did not report any problems, which was double the percentage compared to the parents of children with SEN (41.7%) in the same category. The parents of children with SEN that answered yes to their children exhibiting Internalizing problems (41.7%), were three times more than the parents of children with NoSEN (13.2%) and for the Borderline category the parents of children with SEN (16.7%) were again five times more than the parents of children with NoSEN (3.8%).

For the Externalizing scale, 86.8% of the parents of children with NoSEN did not report any problems, which was double the number compared to the parents of children with SEN (41.7%). The parents of children with SEN who answered yes to their children exhibiting Externalizing problems (29.2%), were four times more than the parents of children with NoSEN (5.7%) and for the Borderline category, the parents of children with SEN (29.2%) were three times more than the parents of children with NoSEN (7.5%).

For the Total Problems scale, 86.8% of the parents of children with NoSEN did not report any problems, which was double the number compared to the parents of children with SEN (37.5%). The parents of children with SEN who answered yes to their children exhibiting Total Problems (37.5%), were five times more than the parents of children with NoSEN (5.7%) while for the Borderline category, the parents of children with SEN (25%) were three times more than the parents of children with NoSEN (7.5%).

A Pearson Chi-square test was performed to assess any differences between the two groups and the three categories on the CBCL and indicated that there were highly statistically significant differences between them, χ^2 (2, n = 77) = 13.612, $p < 0.001$. However, due to the limitations of the chi-square test i.e. 5 being the minimum amount of cases in each cell (Cohen et al., 2008), a Mann-Whitney *U* test was performed (by using the raw scores of each scale and thus having scale ratio data) and showed that there are statistically significant differences between the groups. In detail, for the Internalizing scale of the CBCL, the *U* equalled 277.000 ($p < 0.001$), for the Externalizing scale, the *U* equalled 205.000 ($p < 0.001$) and for the Total Problems scale, the *U* equalled 159.500 ($p < 0.001$). The results from both tests indicate that the parents of children with SEN report more Internalizing, Externalizing and Total Problems compared to the parents of the children with NoSEN. Table 5 presents the cross tabulation of all three item scales for CBCL and the two groups (SEN and NoSEN). Table 7 presents the cross tabulation for Internalizing, Externalizing and Total Problems categories, obtained by the ADM for CBCL.

Table 7: Cross tabulation for Internalizing, Externalizing and Total Problems categories as obtained by the ADM for CBCL 6/18

	Internalizing			**Externalizing**			**Total Problems**		
	Yes	**No**	**Borderline**	**Yes**	**No**	**Borderline**	**Yes**	**No**	**Borderline**
SEN	10 (41.7%)	10 (41.7%)	4* (16.7%)	7 (29.2%)	10 (41.7%)	7 (29.2%)	9 (37.5%)	9 (37.5%)	6 (25%)
NoSEN	7 (13.2%)	44 (83%)	2* (3.8%)	3* (5.7%)	46 (86.8%)	4* (7.5%)	3* (5.7%)	46 (86.8%)	4* (7.5%)
Pearson χ^2		13.612 *			17.059*			20.240*	

df	2	2	2
***p* <**	0.001	0.001	0.001

*6 cells have expected count less than 5

4.3.2. Descriptive and Data Analysis for the three TRF 6/18 scales (Internalizing, Externalizing and Total Problems) with the two Groups (SEN and NoSEN)

As with the CBCL 6/18, a cross tabulation was performed for the three TRF 6/18 scales (Internalizing, Externalizing and Total Problems) with the two Groups (SEN and NoSEN) and produced very interesting results. For the Internalizing scale, 92.5% of the teachers of children with NoSEN did not report any problems, which was two times the number of teachers of children with SEN (37.5%) in the same category. The teachers of children with SEN that answered yes to children exhibiting Internalizing problems (41.7%), were three times more than the teachers of children with NoSEN (3.8%). Same with the Borderline category where the teachers of children with SEN (20.8%) were again five times more than the teachers of children with NoSEN (3.8%). For instance, teachers of children with SEN reported far more internalizing problems like feeling worthless, fearful, nervous, worrying, shy and fearing of making a mistake compared to teachers of children without SEN.

For the Externalizing scale, an impressive 100% of the teachers of children with NoSEN did not report any Externalizing problems, which was again almost double the number compared to the teachers of children with SEN (58.3%) – the remaining 41.7% answered ‘yes’ to children with SEN exhibiting Externalizing behaviour problems. As with the Externalizing scale, for the Total Problems scale all the teachers of children with NoSEN (100%) did not report any problems, which was almost triple the number compared to the teachers of children with SEN (37.5%). In addition, the remaining 45.8% teachers of children with SEN reported yes to children exhibiting Total Problems

and 16.7% classified them as being borderline. For instance, teachers of children with SEN reported far more problems like feeling lonely, not getting along with other children, being jealous, getting teased and not liked compared to teachers of children of the NoSEN group.

A Pearson Chi-square test was performed to assess any differences between the two groups and the three categories on the TRF. Much like the cross tabulation of the CBCL and Group, there were 6 cells with less cases than 5. However, on the Externalizing scale, there were only two categories (2X2), thus a Fisher's Exact test was produced that revealed highly statistically significant differences between the two groups and teachers' reports (Fisher's Exact sign. 2sided $p < 0.001$). Same as the Fisher's Exact test, Yates Correction was taken into consideration, which also indicated that there were statistically significant differences between the two groups and teacher's reports (χ^2 Yates (1, $n = 77$) = 21.826, $p < 0.001$). Thus, the results of these tests indicate that the teachers of children with SEN report more internalizing, externalizing and total problems compared to the teachers of children with NoSEN.

Furthermore, a Mann-Whitney *U* test was also performed for all three categories (again by using the raw scores of each scale and thus having scale ratio data) and statistically significant differences were found between the SEN and the NoSEN group for all three scales of TRF. In detail, the TRF the *U* equalled 126.000 ($p < 0.001$), for the Externalizing scale of the TRF the *U* equalled 124.500 ($p < 0.001$) and for the Total Problems scale, the *U* equalled 63.000 ($p < 0.001$). Again, results suggested that the teachers of children with SEN report more internalizing, externalizing and total problems compared to the teachers of children with NoSEN. Table 8 presents the cross tabulation of all three item scales for TRF and the two groups (SEN and NoSEN).

Table 8: Cross tabulation for Internalizing, Externalizing and Total Problems categories as obtained by the ADM for TRF 6/18

	Internalizing			Externalizing			Total Problems		
	Yes	**No**	**Borderline**	**Yes**	**No**	**Borderline**	**Yes**	**No**	**Borderline**
SEN	10 (41.7%)	9 (37.5%)	5 (20.8%)	10 (41.7%)	14 (58.3%)		11 (45.8%)	9 (37.5%)	4* (16.7%)
NoSEN	2* (3.8%)	49 (92.5%)	2* (3.8%)	0* (0.0%)	53 (100%)		0* (0.0%)	53 (100%)	0* (0.0%)
Pearson χ^2		27.132*			25.379*			41.139*	
df		2			1			2	
***p* <**		0.001			0.001			0.001	
Fisher's exact					0.001				

* 6 cells have expected count less than 5

4.3.3. Wilcoxon Non-parametric analysis of the three scales of CBCL 6/18 paired with the three scales of the TRF 6/18 (Internalizing, Externalizing and Total Problems) and total sample

The Wilcoxon test was applied to assess the statistical significance level of any differences found between the paired three scales (i.e. Internalizing CBCL X Internalizing TRF, Externalizing CBCL X Externalizing TRF and Total Problems CBCL X Total Problems TRF) and the whole sample (Group) and results showed statistically significant differences between all three scales.

The Wilcoxon Signed Ranks test indicated that the differences in all scales between the paired scales is significant. In detail, for the Internalizing scale of the CBCL paired with the TRF, the Internalizing scale of the CBCL was statistically significantly higher than the Internalizing scale of the TRF (Z = -2,602, p = 0.009), the Externalizing scale of the CBCL paired with the TRF (Z = -3.579, $p < 0.001$). and for the Total Problems scale of the CBCL paired with the TRF, the (Z = -2.285, p = 0.022). Thus, results indicated that parents tend to report significantly more Internalizing, Externalizing and Total problems compared to the teachers.

4.4. Thematic Analysis of the Interviews

Interviews were conducted with 5 participants i.e. 5 teachers and 5 parents of two children with and three children without special educational needs. All respondents were the mothers and children's age range was 7 to 12 years. It is important to note that the special education teacher served as an informant for two children with SEN as did one parent for two children with NoSEN. Interviews were conducted either in person or via telephone, depending on the participants preference. The majority preferred being interviewed via telephone (3 teachers and 2 parents via telephone and 1 special education teacher and 2 parents in person).

4.4.1. Themes from parents

The main themes that emerged from the analysis of parent's interviews, were parental responsibilities, teacher qualities, communicating and sharing, worries and shared views. Within these main themes several sub themes also evolved. Appendix 13 provides an example from working on a parent's transcript during the initial stages of the data analysis.

Theme I: Parental Responsibilities

The first theme centered around parental responsibility, around who oversaw children's homework, taking them to school in the morning as well as transferring them to their afternoon activities (e.g. private lessons).

Subtheme I: Sharing and helping

The sub-theme which emerged, addressed sharing responsibilities appeared to be related by three of the parents. Two parents stated that they shared responsibilities because they had to, in order to attend to the needs of all their children while another reported that the husband helps because of his profession. The following quotations provide examples: Parent A stated that '… with homework no [I do not help], with the afternoon activities yes … the husband deals with the homework, the education … he is a teacher'. Parent B stated that '… yes [I help] with his homework but we share the afternoon chores [taking children to their afternoon lessons/activities]'. Similarly, Parent C also reported that '… John helps them with their homework because I do not have time … John must do it … he tries, he helps as much as he can…'.

Subtheme II: no help

The other two respondents, Parent D and E stated that they did not receive any help. Parent D reported that due to divorce, she has full custody of all her children and she does not receive any help from her ex-husband whereas Parent E stated that her husband does not help at all. Specifically, Parent E stated that '… [I am responsible] for everything, everything … no, he does not help … what can I tell you …'.

Theme II: Teacher Qualities

Another theme the emerged was teacher qualities. All parents expressed their views on what they think constitutes a good and a not so good teacher.

Subtheme I: the good and not so good teacher

Having a teacher that shows understanding and notices changes in the behavior of a child are important for Parent A because '…the teacher showed understanding because she also had noticed some changes in her behavior …' while Parent B believed that her son was very lucky to have a teacher that ' … is very hard working, she is very much concerned with teaching children, produces very good results, I mean, her teaching skills were perfect … and ok she was strict … but she was just perfect for my son'. For Parent C, the teacher was 'kindhearted … like someone should be [who has to teach young children]' but she 'did not have it … she was not good at it [teaching] … and I do not think that she did a very good job' because she might have a lot on her mind. In her words, '… I think that our teacher because she has a small baby now, I think ehm, that she could not give 100% [under stress]'. Parent D focused on the problem-solving qualities of the teacher '… I do not care what other people say, you [children] are having fun at the Special Unit … just every time someone says something to you, the teacher will take care of it'. For Parent E it was about sharing and confiding '… no, no, on the contrary, whatever is going on, John will tell her' and when her son was having adjustment issues '… she [the teacher] approached him really nicely'.

Subtheme II: Parental Beliefs on Teachers' Roles

Parental beliefs and values that the parents held for teachers in general, were expressed by three of the respondents. Parent A reported that '… and because I think that if my child hears the same thing from the parent and from a teacher … it can make a difference'. Parent B stated that '…I support the notion that we should listen to the teacher …' while for Parent D '… at school the teacher decides the consequences … [the teacher] knows her work' and '… the teacher is responsible for providing solutions to problems'.

Theme III: the importance of communicating and sharing

Communicating and sharing with the teachers was an issue of great importance, raised by all the parents. Parent A stated that '… at times I felt troubled by her behaviour and I just wanted to see if this happens at school as well' and '… I talked to the teacher about it and I think that she did what she could do [to help]'. Parent B reported that she visited the teacher at school to share with her that their family was going through stressful times (death in the family) and that she wanted the teacher to '… keep an eye on him'. Parent B also mentioned 'another thing that I shared with the teacher is when Andrew does something wrong he will come crying and say that someone did something to him'. Parent D stated that '… we work together, whatever happens we talk about it … she notifies me … we have a good collaboration' and continued that 'communication is a very good thing … this [communication] is very important'. Parent E stated that 'I might talk to her every single day … we have a very good relationship … we even went together to the secondary school to enrol him'.

Parent C reported that she was '… worried [about learning difficulties] and I also asked her if she [my daughter] should repeat grade … I was the one who was stressed … she did not seem to worry … at least not as much as I did'. However, she reported that she did not share anything with the teacher apart from her concerns about

sibling rivalry, since her twin sister is attending the same class '… I told the teacher to keep in mind that she is jealous of her sister, yes, just keep it in mind …'.

Theme V: Worries

Another theme that emerged was the worries expressed by parents where all expressed concerns especially on emotional and behavioral issues, peer relations as well as on academic performance. However, most of the parents focused on emotional worries and especially anxiety.

Subtheme I: Storing up and Exploding

The emotional component was one area of concern expressed by all the parents. For Parent A, it was the low self-confidence and heighten anxiety. In her words '…my child does not have self-confidence, she will not raise her hand in the classroom, or if she does she does it hesitantly fearing that she might say something wrong'. She also stated that her daughter 'has temper tantrums, which trouble me but maybe this is because she stores up … she is a child that gets stressed easily, a child that has the notion of justice and injustice highly, she is very responsible … all these are creating stress, she becomes stressed'. For Parent B, it was '…he is very sensitive … we still sleep together … he is very sensitive … he is a mommy's boy'. On behavior Parent B reported that '…he does not store up … he explodes without storing up … and I must force him to tell me things, he will not talk at all [does not confide in mother]'.

Parent C was worried because of sibling rivalry issues 'I was worried because Maria is jealous of her sister, for instance when Jane wants something, Maria will want exactly the same thing … otherwise she [Maria] will say that it is not fair' and 'I am worried because a child [her daughter] is growing up repressed' because she is

‘emotionally weak … not only sensitive, she is jealous and [I feel like I] raise a repressed human’. Parent D mentioned low self-esteem issues ‘yes, we have that, he will not talk easily …’ while Parent E reported that when her child gets angry or annoyed, he will ‘go ballistic, because he cannot talk [express] the way he wants [speech and language problems] and he begins swearing etc … but this will last only five minutes …and not as often as he used to’.

Subtheme II: Peer trouble

Another important subtheme that emerged, was peer relationships. Parent A recalled an incident in school where her daughter got into a fight with her friend. She stated that ‘the teacher told me that there had been an incident where she [her daughter] pulled her friends hair …’. Parent B reported that socially, her child is ‘…very social child … he did fight two or three times at the beginning of the school year with other kids … he fought with a female classmate, then … he had a couple of fights, but I think that he is a very social child’ as did Parent E, whose child also engaged in fights with one of his classmates and stated that ‘… we had two or three incidents [fighting] with a classmate …this goes way back … ok … but he [the child] talked to the teacher and ok he was fine after that’. Parent C stated that she is worried that her daughter might be teased by other children at school and in her words ‘…she is jealous, I worry that she might be teased … I do not think they do but I still worry …’. On peer relationships, Parent D mentioned that ‘…I think he is afraid, maybe he is afraid, ehm …he approaches children of his age … he will play, collaborate with other children … but … he is a bit reserved, he will not open up easily and needs prompting’.

Subtheme III: Academic Achievement, Learning and the future

Four of the parents raised the issue of academic performance and learning difficulties as another issue of concern. For Parent B, stressful incidences as well as playing electronic games and staying up until late can be accounted for his attention problems and his lower academic performance with 'his performance is a bit low recently because of my dad [passing] … he is a bit distracted during class, and we assumed that this is because he plays electronics for too many hours …'. Parent C reported that 'most of her tests were a total mess … and I was worried … she has a lot of weaknesses, and it troubles me' and '… I cannot stand thinking that she struggles …'. Parent D also expressed concerns also for the future where '…he should learn not only to become faster [in finishing his work] but that he is entering a new level, he is going to Secondary school later, and he must realize that there is pressure and things are not easy'. Parent E stated that her child in general was very cooperative but 'we know of his learning difficulties and we worry… he is beginning to feel stressed now that he is going to Secondary school … because he will not have any friends there'.

Theme VI: Shared views

Four parents responded that they believe they share the same views as the teachers. Parent A simply stated 'yes' while Parent B reported that '…I think so … she [the teacher] tells me that he is good … I know that he is naughty, she knows that he is naughty … ehm I think they [views and perceptions] coincide'. Parent D has 'no problem, we are just fine … I might observe the same behavior at home …' while for Parent E '… yes, we talk about it, yes they do [views coincide]'. However, despite stating that their views coincided, Parent C also mentioned that '… yes, I think so, yes … I think that she [child] is not naughty, our teacher might think that she is naughty … she might misbehave in the classroom … ehm I think that it coincides'.

4.4.2. Themes from Teachers

The main themes that emerged from the analysis of teacher's interviews, were communicating and sharing, worries and shared views. Within these main themes several sub themes also evolved. Appendix 13a provides an example from working on a teacher's transcript during the initial stages of the data analysis.

Theme I: The importance of Cooperating and sharing

All the teachers reported as having a good relationship and cooperation with the parents, believed to share the same views and perceptions of the child and expressed worries and concerns about the emotional and behavioral difficulties that children exhibited as well as their learning progress and difficulties.

Subtheme I: A Good Relationship

All teachers reported as having a good relationship with the parents of their students, seemed to share the same views and perceptions while the notion of trust and of valued opinion also emerged. Teacher 2 reported that '…I think she trusts me, and the things that I told her in all honesty … she gave me the impression that she appreciates and values one's opinion'. Teacher 1 felt like they had a good enough relationship '…yes, pretty good [relationship]', Teacher 3 'yes, very good [relationship]' as did Teacher 4 '… I would like to think so' and Teacher 5 'yes'.

Subtheme II: shared views

All teachers reported that they believed they shared the same views and their of the child coincided. Teacher 4 stated 'yes' while Teacher 1 said that ' … I think so, yes [they coincide] … this is the impression that she [the mother] has given me' while Teacher 2 thinks that '…yes [they coincide], her worries [the mother's] were right,

reasonable …we were on the same page'. Teacher 3 stated believed that they do '…I think so, yes, considering our discussions' while Teacher 5 reported that ' yes … I am straight with her [the mother], I always tell her the truth about the learning part … she knows the truth … I believe what worries her, is his behavior and the future … growing up …'.

Theme II: Worries

All the teachers expressed worries and concerns about the emotional and behavioural difficulties that children exhibited as well as their learning progress, struggles and difficulties.

Subtheme I: Emotion Regulation and Behavior

Behavior and emotion are two areas of concern, brought up by all teachers for their students. Teacher 1 reported that '… an area of concern is this [her behavior], because I think that she will continue to have behavior issues … she has an unusual character and see things in her own way …'. On emotion and temperament, the teacher added that '… she explodes and shows a bizarre behavior sometimes … she wants to be the leader and make the call on what happens in her interpersonal relationships … when prompted to do something … she would become more distant [withdrawn]'. For Teacher 2, her student 'when asked about something [personal] he would give me the impression that he would not share what he actually felt, he is a child that stores up, he was more like 'I will tell you what you want to hear' … that is the impression I got from him' and 'when I would talk to him he would lower his eyes and seemed to realize that what he did was not right … I do not know if his behavior was manipulative …'.

Teacher 3 reported that she was strongly concerned on 'how low key she was, she was not feeling confident to raise her hand … and sometimes she would give up and did not want to try anymore … I felt like she needed boosting her self-confidence' as did Teacher 4 who stated that 'the only thing that worries me is that he is reserved and in case something happens he will not share it with someone so to get over it'. Teacher 5 reported that she is more worried that with her student transitioning to Elementary school 'my worry is that he does not start again [challenging behavior] now that he will go to elementary school … when trying to cope or if somebody teases him or when trying to fit in and be accepted…' because he is a child that 'feels insecure when in new places, meets new people … and tells his mother that he wants to go home, I do not want to go [there] … feeling stressed to be good, … cannot cope with failing'.

Subtheme II: Peer relationships

Another subtheme that emerged from all teachers were peer relationships and conflicts. All teachers reported issues and instances where their students engaged in conflicting relationships with their peers, some resolved quick while others involving both verbal and physical aggression. Teacher 1 reports that '… and an aggressive behavior … an extreme behavior … both, physically she would pull their hair and [verbally] would say things [calling names] that were not … [appropriate]'. The student would confide in the teacher things that troubled her on peer relationships '… she would come to me and tell me many things that happened with her friends … she felt that trouble started from them [their behavior] … we would talk about it … in the presence of the other child involved and try to find what could be done.' The teacher believed that the student liked their talks and she valued her opinion '…she likes talking to me

and that the things that I tell her, she keeps them in mind, as far as interpersonal relationships are concerned'.

Teacher 2 reported that her student had a history of often engaging in fights and 'did not notice more fights in their relationship with others, there were at the same level' however 'because of his background, the others kind of always blamed him for the fights but he was really trying to blend in, and because all children in the classroom are really nice, the boys made a good team … we did not have any segregation issues…'. For Teacher 3 '…she was not alone, she had friends at school… there were fights in their group of girls but was not anything serious, just girl fights, resolved in under a minute'. Teacher 4 mentioned that '… socially he is fine, he goes out and plays with his classmates, plays with the students of the Special unit …' however '… he rarely [confides] comes up [to the teacher] to tell me things … he will come when he fights with another child and feels threatened … that the other child might beat him … or if he feels he is right'. Teacher 5 reported that '… he does not engage in fighting like he used to … he will come to me and ask for help if somebody teases him … to figure out together what to do next …and if I am not available, he will go to his teacher [general classroom teacher] … but he is a child that gets carried away easily [from others]'.

Subtheme III: Learning, Academic Performance and the future

On learning and academic performance, all teachers expressed concerns on their students' academic performance and learning difficulties whereas two teachers also had concerns about their student's future. Teacher 1 stated that '…the second area of concern is that, although she is almost a straight A student, and I say almost but she is having trouble acquiring new knowledge … she is not a quick thinker, I mean she struggles to understand something new'. She also expressed her worries about the

future, because she thought that this is something that will continue being an issue of concern. In her own words '…she will continue to have behavior issues because she has an unusual character and see things in her own way…'. Teacher 2 reported that she noticed and was alarmed by her student's academic performance because he was 'a child full of energy and now he was more passive … did not show anger, just being passive … he would not pay attention, not because he could not do it [being capable] but because he would not pay attention so his [academic] performance deteriorated'. For Teacher 3, also expressed concerns about things that she noticed '… because she was a bit more hypotonic [down] than she used to be … distracted … daydreamed and thinking of other things [than the lesson]' whereas for Teacher 4, her concern was that '… there does not seem to progress in the learning area [stationary in Greek] in Mathematics he is progressing more but he does not seem to have motive [in Greek]. Teacher 5 was also concerned about the child's academic underachievement but more on his transition to Elementary school, about the future. In her words '…the fact that he is growing up, again [the issue of] transitioning to elementary school, that he will go to elementary school and we [with the mother] must find one [special unit] that will suit his needs, because he is a child that can easily be carried away'.

Summary

During the initial stages of the data analysis and by closely observing the data, the first thing noticed was that most of the informants providing information for both groups, i.e. parents and teachers, were female, thus becoming issues needed to be addressed. Apart from the numerical disproportion of both female parents and teachers to males, parental responsibility was also a theme that emerged from the TA of the

interviews with the mothers, where all mothers reported as engaging with their children's' education (with one exception) and afternoon activities.

Regarding the research question, on whether parental views and perceptions coincide with those of the teachers, the findings show that parents tend to report significantly more internalizing, externalizing and overall problems compared to the teachers. Furthermore, analysis indicated that parents of children with special needs tend to agree more with the teachers of their children compared to the parents and teachers of children without special educational needs. Both parents and teachers of children with SEN reported more internalizing, externalizing and overall problems compared to parents and teachers of children without SEN. The importance of communicating and sharing, teacher qualities, worries (emotional spectrum, peer trouble, academic achievement and future) and shared views were also themes that emerged from the TA, with all mothers feeling that they shared the same views and perceptions with their child's teacher.

During the analysis, it also emerged that parental perceptions of the SEN and NoSEN group on internalizing, externalizing and overall behavioral difficulties, showed that parents of the SEN group reported girls as exhibiting more internalizing and overall difficulties compared to the parents of the NoSEN group. The parents of the NoSEN group reported boys as exhibiting more internalizing and overall behavioral difficulties while for the externalizing behavioral patterns reports from both groups were quite similar. However, a small tendency was detected for parents of children without SEN reporting more externalizing behavioral difficulties for boys.

Relating to the teacher's perspective on SEBD for both groups, analysis indicated that they reported similar behavioral patterns on all three categories

(internalizing, externalizing and overall difficulties) for boys and girls. However, the teachers of children with SEN reported more internalizing, externalizing and overall difficulties compared to the teachers of children without SEN. The importance of communicating and sharing, worries (emotion regulation and behavior, peer relationships, academic achievements/underachievement, future) and shared views were also themes that emerged from the TA, with all teachers also sharing the belief that their views and perceptions coincided with those of the parents.

In the following and last chapter, my focus is on relating my findings to the existing literature addressing the research question, followed by the limitations and the concluding statement with future possible areas of research.

V. DISCUSSION

Overview

Parents and teachers might have different views on what defines problematic behavior and what does not (Kristoffersen, et al., 2015). Thus, the importance of examining and investigating the extent to which adults – such as parents/caregivers and teachers – share common perceptions and agree on the criteria determining whether the child has a problem or disability, is of great significance (Crane et al., 2013).

Keeping this in mind, the aim and objective of the study is to provide answers to the following question:

- Do teachers' and parents' perceptions coincide when it comes to acknowledging and reporting problems (namely internalizing, externalizing, thought, social and overall problems) of children with and without Special Educational Needs?

Below, I re-examine the findings, considering the literature, as well as the limitations and weaknesses in the method and design of this study.

5.1 Parents Vs Teachers: Conflict or Congruence

One of the main findings of this study was that parents of children with SEN and NoSEN reported significantly more Internalizing, Externalizing and Total problems compared to the teachers (Subsection 4.3.3). This finding is consistent with previous research (e.g. Rescorla, et al., 2014; van der Ende et al., 2012; De Los Reyes, et al., 2011). Specifically, van der Ende et al. (2012) noted that parents consistently rate their offspring higher than teachers do for both internalizing and externalizing problems whereas Lonnqvist et al. (2011) in their study on parent – teacher agreement on children's personality ratings, reported that the levels of agreement found between parent and teacher ratings could be considered disappointingly low. Lindsay et al. (2007) also reported that the parents in their study consistently rated the children as having more problems compared to teachers, on all types of behavioural, emotional and social difficulties, except for peer problems, as did Jepsen et al. (2012). Peer relationships was also a theme that emerged from the TA, with parents and teachers, from both groups reporting peer trouble.

According to Lonnqvist et al. (2011), the most important reason for discrepancies between parent and teacher ratings is that behaviour might be context-specific, meaning that children may show actual differences in their behaviour between home and school contexts. Hence, parents and teachers observe, assess and report different behavioural manifestations. On setting-specific behavioural manifestations, Graves Jr et al. (2012) cited a study by Rettew et al. (2011), which examined parent and teacher ratings of aggression, rule-breaking, inattention, and hyperactivity, in a population-based study of Dutch children in which the authors found that compared with the school-specific group, the home-specific group exhibited a significantly higher number of females rated high in inattention/hyperactivity and a significantly lower

number regarding rule breaking behaviour. However, in the present study, as emerged from the TA, the parents did acknowledge this phenomenon and shared with the teachers their concerns about whether their child's behaviour was also evident at school as well as home. Troubling behaviour was reported at school as well but to a lesser degree.

Such discrepancies in the ratings may also be biased in either parent or teacher ratings (Lonnqvist et al., 2011; Berg-Nielsen et al., 2012). In accordance to Lonnqvist et al. (2011), De Los Reyes et al. (2011) as well as Achenbach (2011) suggested that moderate cross-informant agreement may not just indicate variability in children's behaviour across different settings but may also reflect the informants' differential knowledge of children's behaviours as well as interaction effects between informants and children that evoke different behavioural manifestations. On possible informants' perception bias, Berg-Nielsen's et al. (2012) research, comprising of 732 children aged 4 – year old from a Norwegian community sample found that although teachers reported fewer child problems compared to parents, when they did report more, this was strongly associated with teacher – child conflict.

Additionally, Rescorla et al. (2012) suggest that because parents generally spend more time with their children compared to teachers, they have the chance to observe problems, and consider some behavioural manifestations as more problematic compared to teachers. Van der Ende et al. (2012) found that parent-teacher comparisons had one of the lowest agreements as well as teachers reporting fewer internalizing and externalizing problems over time compared to parents whereas Gritti et al. (2014) found that parents reported attention problems more often compared to teachers. Furthermore, as individuals aged, parents and teachers appeared to show lower agreement on the

severity of internalizing problems (Ung et al. 2017) and greater agreement on externalizing problems (Van der Ende et al., 2012).

5.2. Mothers Vs Fathers: the 'silent majority' and the 'fourth shift'

Another important finding that this study demonstrated, supported also from the articulations of parents in the TA, was that most parents from both groups were female and had the main responsibility for their children's education, communicating, collaborating and sharing information with the school and the teachers as well as taking their children to their afternoon activities (Subsection 4.1.2 and Subsection 5.1.1.1). This finding is supported from previous studies. Griffith and Smith (2005 cited by Kim and Hill, 2015) reported a growing body of literature that strongly concluded that mainly mothers – irrespective of social and ethnic/cultural background – hold the main responsibility and present a significant influence on their children's education. Accordingly, Vincent (2017) as well as Sheng (2012), suggest that parental involvement, despite being a gender – neutral phrase (Shuffelton, 2017), as well as parental responsibilities are highly gendered, where the mothers are predominantly the parents who are the most involved when it comes to their children's education. Vincent (2017) argues that women and especially working-class women take on most parenting responsibilities. Accordingly, Gottzén, (2011) suggests that parental involvement in education is a 'gendered phenomenon' (p. 631) in the sense that mothers are more involved in the educational work of children than their spouses. In Bourdieu's (1984) words '... all three components of parental involvement – practical, educational and emotional – becomes women's work' (Reay, 1998, p. 156 cited by Panda, 2015).

Holloway and Pimlott-Wilson (2013) identify this responsibility as a 'fourth shift' (p. 329) – women's first shift being in paid employment, their second being the unpaid

labour in the home hold, and the third shift being their own education. According to Gottzén (2011), while mothers' involvement in children's schooling is expected, the involvement for the fathers can be considered as being optional. Reay (1995) believes that the father's involvement, when present, is largely directed to either help when women were unavailable or take part in decision making and give advice. Mother's unavailability and shared responsibility was also evident in this study, emerging from the TA of the interviews where the father was present and sharing responsibilities due to his profession (teacher) or because the mother was unavailable (helping one of the three children with homework and taking him to afternoon activities/lessons). However, in typical Greek families, decisions on financial matters and provision falls upon the father and his role in child rearing is limited (Savina et al., 2012) while the mother typically undertakes the burden of household responsibilities as well as child rearing (Katakis, 1984 cited by Savina et al., 2012).

5.2.1. Teaching: 'a feminized[5] profession' (*Basten, 1997, p. 55)*

An important finding that emerged when reviewing the data for analysis purposes, was that like the parents, most teachers serving as informants for both groups were also female (Subsection 4.1.3). This finding is also supported from previous studies (Rentzou, 2016; McGrath and Van Bergen, 2017). Rentzou (2016) in her study exploring gender segregation in pre-primary and primary education in Cyprus, presented the number of male and female undergraduate students enrolled in pre-primary and primary education programs as well as employment data, and demonstrated that the teaching profession in Cyprus, like in other countries e.g. England

[5] the term 'feminised' in this thesis is used to denote the numerical disproportion of female teachers to male (Warin and Gannerud, 2014) and not the symbolic use of the term

(Brownhill, 2014), Germany (Basten, 1997) and Australia (McGrath and Van Bergen, 2017), is indeed 'gendered'. She demonstrated the under-representation of male teachers especially in pre-primary as well as in primary education in Cyprus and concluded that this is a phenomenon that should be addressed. The call for more male primary-school teachers was also highlighted by McGrath and Sinclair (2013), who in their study comprising a sample of 97 parents and 184 sixth-grade students from Sydney, Australia, and by using semi-structured and focus group interviews, concluded that male primary-school teachers were considered important for boys and beneficial to girls.

5.3. Parent's reports on Internalizing, Externalizing and Overall/Total Problems Scale by Gender and by Group

On parental reports concerning internalizing, externalizing and total problems by gender and by groups, analysis indicated that parents tend to view boys differently compared to girls, in both groups, namely the children with SEN and NoSEN (Subsection 4.2.1). Specifically, parents consider the girls in the SEN group as exhibiting more internalizing problems compared to boys. This finding is consistent with previous research by van der Sluis et al. (2017) and Rescorla et al. (2014). Van der Sluis et al. (2017) in their study on sex differences and gender-invariance and using a sample of 3271 children visiting an outpatient clinic at the Sophia Children's Hospital at the Erasmus Medical Center in Rotterdam, found that almost half (47%) of the total patient group of girls, was referred due to internalizing symptomatology whereas the remaining girls were referred for externalizing (15%), somatoform (12%), developmental (16%), and eating (10%) disorders.

Rescorla et al. (2014) in their study of teacher and parent ratings of emotional and behavioral problems in 21 countries, found that parents rate girls as having more internalizing problems than boys because parents may be more aware of their daughters' internalizing problems for they may express them more at a home-setting. Supporting the previous findings, Kauffman and Landrum, (2013) suggest that during childhood, the girls are affected – to some extent – by anxiety disorders, such as specific fears, perfectionism, worry, nervousness (Carter et al., 2010) more frequently compared to boys¸ with this difference increasing with age to the point that females with anxiety disorders, outnumber males with a ratio of two or three to one.

Conversely, parents in the NoSEN group consider boys as exhibiting more internalizing problems than girls despite the 'feels worthless or inferior' item being the only one which showed statistically significant difference between boys and girls. Other emotional and behavioral manifestations in which boys scored higher were crying, fear, nervous, being secretive, enjoying little and notably scoring higher in many items on the somatic complains scale (e.g. aches, vomit, headaches, nausea stomachaches) compared to girls. This display of internalizing behaviors in boys was both surprising and unexpected since it stands in contrast to gender norms (Garwood et al., 2017).

This finding can be partially supported by Schleider et al. (2016) and his study on parental cognitions or parental beliefs and children's externalizing and internalizing problems. In their study on the development of children's social and cognitive skills, comprising of a sample of 131 parents of children with an age range of 5 – 8 years (53% girls and 47% boys) recruited as part of a larger project, concluded that parents' fixed mindsets (i.e. parents who viewed intelligence as static and fixed) as opposed to parents with growth intelligence mindset (intelligence is malleable through effort), was associated with higher overall child internalizing problems, especially for boys.

Schleider et al. (2016) suggested that boys and not girls with fixed-minded parents, scored rather high on internalizing and depressive symptoms (boys scored marginally more depressed than girls) and experienced more academic, self-regulatory, and motivational difficulties. It is possible that fixed-minded mothers emphasized the static nature of intelligence to sons than to daughters, thus increasing boys' vulnerability to self-criticism and anxiety since they might perceive their own failures, poor performance or struggles resulting from low intelligence, thus making them more vulnerable to negative self-talk (Schleider et al., 2016), emotional or mood difficulties (Yip et al., 2013) feelings of hopelessness (e.g. 'feels worthless or inferior'), depression, anxiety symptoms, withdrawal and somatic complains (e.g. 'aches', 'vomit', 'headaches', 'nausea', 'stomachaches') all comprising characteristics of the internalizing type (Yip et al., 2013). On somatic symptomatology Bellina et al. (2013) in their study on the ability of CBCL to predict DSM-IV diagnoses, concluded that somatic complains are often comorbid with depressive symptoms and anxiety and more specifically with separation anxiety. However, it is important to note that their sample consisted of 298 children and adolescents (74 female and 224 males, aged 6 – 16 years), who were referred for behavioral and emotional problems to the Child Psychiatry Unit of 'Eugenio Medea' Scientific Institute.

Pomerantz and Dong (2006) in their study on mothers' perceptions of children's competence, argued that mothers' socialization of children (especially for the educational spectrum) may be strongly associated with children's overall functioning. Thus, from a cultural and developmental perspective, gender variations may reflect differentials in parental socialisation and in developmental characteristics between boys and girls (Chen, 2010). Accordingly, van Der Sluis et al. (2017) in their research on sex difference and gender invariance, using the CBCL test, suggest that gender – invariance

might be under – or over – rated for some items in their sample, because mothers might have different expectations and perceptions – compared to others – when it comes to what constitutes ‘normal’ behaviour for boys and what for girls.

Another possible interpretation of this finding comes from Franz and McKinney (2018) and their study on parental and child psychopathology mediated by gender and parent-child relationship quality. They concluded that mother–son relationship quality is also associated to internalizing and externalizing problems in males, with sons perceiving and viewing their mothers as being more caring thus feeling more comfortable sharing things and seeking solace, when they encounter emotionally oriented problems or just to discuss their fears and worries (Almeida and Galambos, 1991). Thus, it is possible that since boys, consider their mothers, as being more focused on caring and nurturing (Moller et al., 2013 cited by Jansen et al., 2017), as the person that knows them best, might explain the more sensitive abilities that the mothers presented in differentiating the levels of anxiety i.e. internalizing symptoms.

5.3.1. Boys Vs Girls of SEN group on Overall/Total problems scale

Another important finding of this study was that parents consider the girls in the SEN group as exhibiting more behavioural problems compared to boys (Subsection 4.2.1). Parental reports of the SEN group on girls total/overall problems is similar to the study by Rescorla et al. (2007a), who also found that girls obtained significantly higher scores compared to boys on Overall/Total Problems, Internalizing, on the three syndromes consisting the Internalizing scale (i.e. Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints), as well as the three Diagnostic and Statistical Manual (DSM) oriented scales which display internalizing type problems (i.e. Affective Problems, Anxiety Problems, and Somatic Problems). However, in the present study, girls were also rated higher on ‘daydream or gets lost in his/her thoughts’

item whereas boys on the 'impulsive / acts without thinking' item, both items tapping attention problems. On boys being more impulsive compared to girls, previous research has shown that boys tend to score higher on scales referring to attention problems (Rescorla et al., 2014). Additionally, Savina et al. (2012) in their study of externalizing and internalizing behaviours in Greek, Russian, Indian and Chinese children, reported that irrespective of culture, boys exhibited higher impulsive aggression compared to girls, possibly denoting the existence and interaction of cultural stereotypes.

Soles et al. (2008) believe that when girls are nominated due to behavioral problems these problems are perceived as more severe. They also concluded that it might be possible since externalizing behaviors are mostly exhibited by boys, when observed in girls, these are perceived as being more severe because of their contradicting nature to the stereotypical gendered norms and expectations. The externalizing behavioral range includes a plethora of externally oriented behavioral manifestations such as aggression, hyperactivity and attention problems (Willner et al., 2016). Thus, it is possible that girls scoring higher on the 'daydream or lost in his/her thoughts' items is due to the severity of the symptoms presented by girls. Furthermore, Hess Rice et al. (2008) in their study on perceptions of gender differences in the expression of EBD, found that when girls acted in gender contradictive ways they were perceived as being more difficult and characterized as '…emotionally intense, catty, manipulative and mean … unpredictable and needing more intensive services' (p. 559).

Chen (2010) in her study on gender differences in externalizing problems among preschool children, using a sample consisting of 110 parents of children from a northeastern state in the USA (52 boys and 58 girls aged 19 – 60 months old), proposed another dimension and argued that behavioural problems of the externalizing type include a broad sense of aggressive behaviour manifestations and girls may manifest a

covert form of aggression, which might not be readily visible. An example of this covert form of aggression, is relational aggression, defined as aggressive in nature behaviours aiming at damaging social status or interpersonal relationships e.g. lying, excluding peers, spreading rumours (Archer and Coyne, 2005 cited by Tackett et al., 2013) often exhibited by girls (Olson et al., 2013).

5.3.2. Boys Vs Girls of the NoSEN group on Overall/Total problems Scale

Parents of children in the NoSEN group consider boys as exhibiting more overall behavioral problems compared to females. (Subsection 4.2.1). This finding is in line with previous studies e.g. Rescorla et al. (2014), who found a slight tendency for boys to score higher than girls on the Overall/Total problems scale in their sample deriving from 21 societies and children aged 6 to 16 years. Furthermore, and consistent with the previous finding of the present study, i.e. that boys from the NoSEN group were rated higher by their parents on the internalizing scale, boys also scored higher on two items of the Attention problems scale, namely 'acts too young for his/her age' and 'can't concentrate, can't pay attention for long'. This finding is supported by Yip et al. (2013) who cited a large number or previous research (e.g. Zavadenko et al., 2011; Albrecht et al., 2005), providing evidence for the strong association between attention problems, internalizing as well as externalizing difficulties.

Chen's (2010), research considered the gender variations in externalising problems within a cultural and developmental context and suggested that they may manifest discrepancies in parental socialisation and in developmental characteristics between boys and girls. However, Hay (2007) believes that gender differences stem from individual differences, which are strongly influenced by a subgroup of vulnerable males. He proposes that although there is a tendency for boys to be more aggressive compared to girls, this phenomenon is mainly influenced by a minority of boys,

exhibiting high rates of aggression, thus raising the overall level of aggression in their male peer group.

In accordance to the findings of this study, Savina et al. (2012) in their research on externalizing and internalizing behaviours in 4 societies, with Greece being one of them, reported that both Greek and Chinese children reported higher levels of motivated aggression compared to children from India and Russia. Furthermore, they argue that Greek culture in a way supports aggressive behaviour and that their results may reflect cultural stereotypes (i.e. aggressive behaviour is thought of as being a male characteristic and society is more accepting towards boys when exhibiting aggression compared to girls). On gender role norms Else-Quest et al. (2006) argue that depending on the degree a culture accepts specific behaviours, it may influence the support and punishment of behaviours as can the socioeconomic contexts which may also influence temperamental development due to socialization experiences. Thus, parents' differential socialization of their sons and daughters serves to increase gender differences in emotional expression (Brody, 2000 cited by Else-Quest et al., 2006) and as a parent reported in the TA 'he is naughty … he does not talk … he is sensitive … he is a mommy's boy'.

5.3.3. Boys Vs Girls on the Externalizing scale of the CBCL: Gender – Invariance

Contrary to the general norm and expectation, analysis indicated that parents tend to view boys and girls, in both groups, manifesting similar externalizing behavioural patterns despite parents scoring boys higher compared to girls on only one item tapping aggressive behaviour, namely the 'unusually loud' (Subsection 4.2.1). This finding is in line with previous research, such as Zahn-Waxler's et al. (2008). Zahn-Waxler et al. (2008) argue that boys are more prone to externalizing behaviours, with an early onset and lasting throughout childhood and exhibiting more physical and

direct verbal aggression, which is stable over time and might be attributed to differences in socialisation, self-regulation and biological disposition.

Mano et al. (2017) in their study on gender moderation of emotional and behavioural problems and text comprehension, reported that boys and girls did not exhibit the frequently reported norm, in which boys tend to score higher on externalizing behavioural patterns, which was also evident in the present study. Additionally, although not statistically significant, they found that boys tended to exhibit slightly higher scores on parent report measures of both externalizing and internalizing problems and proposed that this might be attributed to the sample characteristics, which included children with ADHD and Reading Difficulties (RD).

This invariance between boys and girls reported by parents as exhibiting similar externalizing behavioural patterns in the present study might also be explained by the sample characteristics. The SEN sample consists of children diagnosed with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Developmental Delay, Learning Difficulties and Speech and Language Disorder, who differ from other populations in their manifestation of both, internalizing and externalizing behaviours. Accordingly, Vaillancourt et al. (2017) in their study on joint trajectories of internalizing and externalizing problems in preschool children with ASD suggested that girls with ASD are affected as boys with ASD in terms of externalizing problems but are likely more affected than Typically Developing (TD) girls. Mano et al. (2017) also proposed possible cultural differences as a factor (McLauglin et al., 2007 cited by Mano et al., 2017), stemming from the interrelated effects of culture, race and socioeconomic status among others.

5.4. Teacher Reports (TRF) on Internalizing, Externalizing and Overall/Total Problems by Gender and by Group

A very interesting finding of this study is that teachers overall tend to view boys and girls, in both groups, as exhibiting similar behavioural patterns on all three categories (Subsection 4.2.2). In line with the findings of the present study, Soles et al. (2008) in their study on teachers' perceptions and EBD, also did not report significant differences between the teachers' ratings of internalizing symptomatology, social functioning and academic achievement between boys and girls. Partially contradicting to the findings of the present study, the girls in Soles et al.'s (2008) study were rated by teachers as exhibiting more severe externalizing behaviours compared to boys. However, in the present study and despite the overall nonsignificant statistical differences between gender, teachers scored girls significantly higher on 'prefers being with older children or youth' and 'easily jealous' items tapping externalizing and social problems respectively. This result can be partially supported by the study of Hess Rice et al. (2008), who concluded that teachers saw girls with ED as having problems that are not readily visible but more intense, acted more intense when they were fighting (physical aggression) and having fewer friends while Srsic and Hess Rice (2012) in their study on girls with EBD reported that girls expressed that jealousy and competition as being the most common problems that they encountered.

Accordingly, teachers scored boys from the SEN group higher on three items, namely 'self-conscious or easily embarrassed' (internalizing scale), 'prefers being with younger children' (social problems scale) and 'difficulty following directions' (attention scale). This finding can also be explained by the SEN sample characteristics and be supported by Garwood's et al. (2017) findings in their research on internalizing behaviours and hyperactivity/inattention. With the link between reading and

behavioural difficulties well established (Lin et al., 2013), Garwood et al. (2017) in their study of 472 kindergarten and first-grade children as well as 70 teachers, all of which were members of the control group from an Institute of Education Sciences, found that teachers rated readers who struggled higher on internalizing behaviours and hyperactivity/inattention, which in turn predicted lower reading scores at the end of the school year across many areas, while these negative influences were more observed in boys compared to girls. They concluded that struggling readers may experience anxiety and low self-esteem when needed to read. Kristoffersen et al. (2015) proposed that it is also possible that teachers tend to compensate for the possible negative correlation between challenging behaviour and academic outcomes when they are aware of these behavioural problems.

On the invariance of teacher ratings for both boys and girls, findings are also consistent with the research by Coplan et al. (2011) on teacher beliefs regarding hypothetical shy/quiet and exuberant/talkative children. They concluded that teacher training and experiences might come to override gender stereotypes regarding shyness, which has been associated with manifestations of internalizing problems (e.g. loneliness, low self-esteem, and symptoms of anxiety and depression) among both boys and girls. Another explanation for this invariance comes from Kristoffersen et al. (2015) and their study on gender differences in behavioural problems and school outcomes. They argued that it is possible that teachers are more 'gender neutral' (p. 84) when assessing and evaluate the behaviour of both, boys and girls.

Larsson and Drugli (2011) in their research on Scandinavian parents' and teachers' perceptions, suggested that boys' internalizing problems were less likely to be reported by teachers. However, they noted that teachers in general may also observe or are more sensitive to challenging and disturbing to others student behaviours, thus

scoring boys higher compared to girls a finding consistent with the present study, where teachers of the NoSEN group, scored boys higher on the 'defiant, talks back to staff' (aggressive behaviour scale). Additionally, Berg-Nielsen et al. (2012) found that when teachers rated more child problems, it was strongly associated with conflict between teacher and child, with the conflict effect present not only on externalizing difficulties, but also for internalizing and subsequently total/overall problems.

5.5. Cross – informant agreement between Parents and Teachers

Parents and teachers of the SEN group agree more on their reports of children's behavioural difficulties compared to the parents and teachers of the children from the NoSEN group (Subsection 4.3). This finding is also supported by previous research. For example, Sointu et al. (2012) on parent, teacher and student cross informant agreement of behavioural and emotional strengths involving students with and without special education support and concluded that the most interesting finding of their study was that in almost all cases cross-informant agreement was significantly higher in the students with Special Education support group compared to the students without Special Education Support group. The parent – teacher – special teacher relationship is formed when the child is identified as needing support from a special education teacher and specifically, in Finland if the student needs support from a special education teacher, it is possible that the special education teacher's involvement may improve the general education teachers' understanding of the student's overall school functioning e.g. the student's strengths, weaknesses and needs (Sointu et al., 2012).

Same as the Finish Education Law, the Cyprus Education Law on Special Education requires schools to have regard to students' strengths, needs and weaknesses and this requires the development of an Individual Educational Program (IEP), irrespective of the form that special education is provided i.e. whether the student is in

part time special education or in full-time special education (Special Education Unit). According to Keen (2007), the IEP's encourages parental participation in educational goal setting for students with disabilities thus, it must be formatted in collaboration between school (teacher/special education teacher) and home (parent/caregiver). These meetings can benefit all stakeholders (namely teachers, special teachers and parents/caregivers), improve not only the process and the outcomes (Stein et al., 2016) but possibly foster better agreement across informants as well (Sointu et al., 2012). Schools which are more accepting to parents being in a way 'parent friendly' and valuing parental involvement (PI) develop more effective PI compared to schools which are not (Hornby and Lafaele, 2011).

Furthermore, and consistent with the present findings, Stratis and Lecavalier (2017) in their study on the predictors of parent – teacher agreement in youth with ASD and their TD siblings, concluded that parent–teacher agreement on externalizing and internalizing behaviours was significantly higher for children with ASD compared to their TD siblings. Their study utilized data from The Simons Simplex Collection (SSC) which comprises data collected at 12 university-affiliated research clinics and specifically 403 families who have one child diagnosed with ASD in addition to one or more TD siblings.

5.6. Cross – informant comparison between the SEN and NoSEN group

Parents of children as well as teachers of children with SEN report more Internalizing, Externalizing and Total Problems compared to the parents (Subsection 4.3.1) and teachers (Subsection 4.3.2) of children with NoSEN. This finding was not surprising and be explained when reflecting on the diagnoses and characteristics of each condition present in the children of the SEN sample (SLD, LD, ADHD, DCD, DD, ASD and ID).

Children diagnosed with LD are largely present in the SEN sample, especially among children attending regular classrooms and not the special education unit. Consistent with the findings on the present study (Subsection 4.3.1), i.e. that parents of the SEN group reporting more emotional and behavioural problems than parents of the NoSEN group is a previous study by Al-Yagon (2007). In his study on SEBD and LD, using a sample of 110 mother and child pairs (59 mothers and children with LD, 29 boys and 30 girls and 51 mothers and TD children, 21 boys and 30 girls) showed that mothers rated children with LD significantly higher on both externalizing and internalizing behaviours compared to mothers of TD children.

On ID, another diagnosis present in the SEN sample and specifically children attending the special unit of the school, Green et al. (2015) found that parents rated the children with ID at a significantly higher clinical level of anxiety on the CBCL at ages 8 and 9 and higher on separation anxiety disorder at age 5 compared to those with TD. Their study comprised a sample of 74 children with ID and 116 children with TD, followed from ages 3 through 9 and using a parent structured interview and questionnaire.

Teachers of the SEN group reporting more emotional and behavioural difficulties than teachers of the NoSEN group (Subsection 4.3.2) is also supported by previous research. For instance, Wei et al. (2014) in their study on the longitudinal effects on ADHD in children with LD, like many children in the SEN sample of the present study, found that teachers reported lower academic achievement levels (e.g. lower level word identification scores, lower reading level) and higher levels of behaviour problems compared to children with LD alone. Their sample included 1,025 students with a primary disability of LD and 863 students with a primary disability of ED, with data deriving from the SEELS and the diagnosis of ADHD extracted from

parent or guardian interviews. Furthermore, on ID comorbid with ADHD, Neece et al. (2011) in their study on ADHD among children with (*n*=87) and without ID (*n*=141), found that teacher TRF's scores were significantly higher for the ID with ADHD group, i.e. over 3 times as prevalent in the ID group as in the TD group across ages 5, 6, 7 and 8 year old on all four scales assessed namely Total Behaviour Problems, Externalising Behaviour Problems, Attention Problems. Additionally, Rogers et al. (2015) in their study on ADHD symptomatology and the teacher-student relationship, teachers perceived students diagnosed with ADHD as being more challenging to work with compared to their non-ADHD students, regardless of gender.

On Speech and Language Impairment, another diagnosis largely present in the SEN sample, Lindsay and Dockrell (2012) in their longitudinal study on BESD in adolescents with a history of SLI and with a sample of 69 children (17 girls and 52 boys with a mean age of 8 years and 3 months) found that teachers rated the students with SLI as presenting higher mean levels of difficulties across all domains, namely peer problems, Emotional Symptoms, Hyperactivity, Conduct Problems and Prosocial skills compared to the normative sample of the SDQ questionnaire (http://www.sdqinfo.com). Additionally, Lindsay et al. (2007) utilizing a sample of children with SSLD assessed for BESD at ages 8, 10 and 12 years by both teachers and parents, concluded that children with language difficulties exhibit higher levels of behavioural, emotional and social difficulties compared to typically developing children over the period of 8 to 12 years. Furthermore, Yew and O'Kearney (2013) undertook a systematic review and meta-analysis of prospective and cohort studies of children with SLI and typical language development (TLD) which utilized multiple informants i.e. parents and teachers and concluded that based on parents and teachers'

ratings, children with SLI present emotional, behavioural and attention deficit hyperactivity difficulties, more severe and more often compared to their TD peers.

Summary

Parents as well as teachers of children with SEN reporting more behavioral and emotional problems compared to the parents and teachers of children without SEN demonstrates the importance of obtaining information from multiple sources to form a complete picture of the child's strengths and needs. Including children with SEN and SEBD in the general educational system, in the same mainstream schools, applying the same curriculum and in the same classroom settings will not make students' differences cease to exist; on the contrary, it will make the differences even more evident and distinct (Gidlund, 2018) while challenging behaviors such as internalizing and externalizing problems may be more noticeable as well as consistent across various settings (Ung et al., 2017). Thus, the need for all key stakeholders to collaborate, cooperate, communicate and share their views, perceptions and worries, aiming at the best provision of services and acting on the best interest of the child becomes a necessity.

6. Limitations of this Study

Although findings showed promising observable and measurable outcomes, as with most research several limitations exist in the present study. The main limitation of this study is the fact that only one school participated in this study, due to the conditional approval from the CERE (Centre for Educational Research and Evaluation). This mainstream school had a total of 373 students, out of which 77 participated in the study (20.64%), which consists a relatively good sample size. However, despite the good-enough sample size deriving from one school only, it is not geographically representative of all Cypriot pupils from different districts. Hence, results and findings

can be applied to this school only. Future research should increase the number of participating schools and consequently increase the number of participants from all the districts of Cyprus, to serve the need of the generalizability of the findings.

Conversely, there are some disadvantages when employing questionnaire-based survey like the present. Data can be affected by the characteristics of the respondents and that they won't necessarily report their beliefs and attitudes accurately and tend to have a low response rate (Robson, 2011), a phenomenon not observed in this research. Apart from one parent and one special education teacher who refused to take part in the survey, all other individuals approached agreed.

Furthermore, it is also possible for the survey questions to present ambiguities and misunderstandings (Robson, 2011) or the respondent's answers may be incomplete, obscure or unclear, posing a significant problem to the researcher when transferring the data to a computer (Simmons, 2008). This phenomenon was observed i.e. items in the questionnaire left unanswered, or sometimes 2 items were chosen instead of one making it difficult when trying to input the data into the computer software. The ASEBA manual (Achenbach and Rescorla, 2001) has scoring instructions and gives rules for dealing with unanswered items. Specifically, in case of more than 8 problem items are left blank (excluding items 56h and 113) problem scale scores or total scores should not be computed unless it is evident that the respondent intended the blanks to be zeroes while in case a respondent circles two scores for an item, score the item 1. In this research, I did not find any questionnaire who had more than 8 items left unanswered, however, I did find a limited number of questionnaires that the respondents had circled two scores for an item, thus the rule proposed by ASEBA was employed.

The teachers participating in this research were also very cooperative and willing to participate despite some having to complete more than one (e.g. two students

– two questionnaires). However, two of the teachers in the pilot study reported that they felt they did not know their students well and left many questions unanswered. Addressing the problem, it was decided that the teachers would receive their questionnaires by the end of the school year. In this way, they were given enough time to get to know their students well and feel more confident when answering. This was also a problem with two substitute teachers who did not have enough time to get to know their students well and be able to confidently complete the questionnaire. Thus, when the teachers returned from their maternity/sick leave they also completed the questionnaires for their students.

7. Contribution to practice deriving from the findings and recommendations for future investigation

In the following subsection, I discuss the contributions of this research to practice and propose some recommendations for future work.

7.1. Communication and collaboration

One of the key findings of this study is that parents and teachers of children with and without Special Educational Needs do not always agree on their views and perceptions on their children's social emotional, behavioural difficulties as well as academic achievement or underachievement. However, parents and teachers of children with SEN did report more problems compared to parents and teachers of children without SEN and showed significantly higher agreement levels compared to the parents and teachers of children without SEN. As discussed in Section 5.5, parents and teachers of children with SEN through the IEP meetings, can communicate and collaborate more, leading to better agreement across all stakeholders. Thus, it would be beneficial if teachers of the general classroom too could have more time to conduct meetings on

a regular basis, either in the form of group meetings i.e. the teacher, the parents and all other educational professionals involved or engage in more one-to-one meetings with all the parents, and not just the ones who want to come to those meetings. However, time restrictions and availability are a major issue for education professionals in Cyprus. For instance, Angelides (2004) found that teachers and special education teachers collaborate mostly during breaks. Thus, it is important that collaboration time be provided, not only for teachers and special teachers but for all individuals involved (i.e. more time for meetings with parents).

7.2. Education and training

This study has also shown that parents and teachers of children without Special Educational Needs had lower levels of agreement on childrens' social, emotional and behavioral difficulties. Different perceptions, stemming from different life experiences lead to different kind of knowledge especially on what defines challenging or alarming behavior. The Ministry of Education and Culture could address this issue by disseminating and sharing more information as well as implementing education programs (either school or community based) aiming at educating parents and teachers together as a group in various areas such as what constitutes a disability, proposing useful practices to address difficult situations as well as effective communication strategies between school and home. Educating parents and teachers together as a group, can offer the opportunity for sharing experiences, views, perceptions, thoughts and concerns, leading to the formation of true partnership. Furthermore, another suggestion towards promoting communication and collaboration can be the creation of an online platform/group for teachers and parents of each classroom of each school, where they all can share

information, views, opinions and even exchange material/resources, thus engaging in meaningful interactions.

7.4. Possible Areas for Future Investigation

The current study has demonstrated that parents and teachers of both children with and without special educational needs, do not always agree on their views and perceptions on their children's social emotional, behavioural difficulties as well as academic achievement or underachievement. However, parents and teachers of children with SEN did report more problems compared to parents and teachers of children without SEN. Furthermore, this study also demonstrated that parents and teachers of children with SEN showed significantly higher agreement levels compared to the parents and teachers of children without SEN. Irrespective of the reasons underlying these agreements and disagreements, this study illustrates the importance of obtaining information from multiple informants, in both quantitative and qualitative form, aiming at providing a more comprehensive and complete picture of the child's strengths and difficulties in all areas and especially in the social, emotional and behavioural spectrum.

However, further work needs to be done mainly due to the small sample size of the current study, which causes generalizability issues. Further work is also needed in examining the socialization patterns of parents, as well as the cultural influences, which may lead to gender variance or invariance, between boys and girls in any given area of concern, especially in the spectrum of social, emotional and behavioural difficulties. Furthermore, it would be interesting if future research would also include father's perspectives on their children's SEBD compared to those of mothers and teachers.

Closing reflections

Being a special education teacher in mainstream schools for 15 years and being the SENCO of Assistive Technology for the Ministry of Education and Culture of Cyprus for the last 4 years, gave me the opportunity to work closely with both teachers (general classroom teacher and special education teachers) and parents thus gaining valuable insight on the dynamics of their relationship. Reflecting on this current work during my PhD endeavor and consequently reflecting on the knowledge gained, I have come to an understanding that in order to achieve the best possible outcome for the child, both parents and teachers must work as a team and form a true partnership, free of any notions of blame, quilt, frustration, fear or quilt, oriented towards a mutual goal, which is to meet childrens' overall needs. However, the findings of this study present a different picture and it is my hope that this thesis will motivate people involved in the field of education, to take action in order to enhance and improve educational practices and policies not only for children with and without special education needs but for all involved, parents and teachers.

REFERENCES

Achenbach, T. M. (1982). *Developmental Psychopathology (2nd Ed)*. New York. Wiley.

Achenbach, T. M. (1991). *The Child Behavior Checklist: Manual for the teacher's report form*. Burlington: University of Vermont, Department of Psychiatry.

Achenbach, T.M. (1991a). *Teacher's report form*. Burlington, VT: Author.

Achenbach, T. M. (2009). *User Guide for Assessment Data Manager (ADM): CBCL, YSR, TRF, ASR, OASR, OABCL, YASR, YABCL, SCICA, CBCL 2-3, CBCL 1 ½ -5, C-TRF, TOF and DOF*. Burlington: University of Vermont

Achenbach, T. M. (2011). Commentary: Definitely more than measurement error: But how should we understand and deal with informant discrepancies? *Journal of Clinical and Adolescent Psychology*. **40** (1) p.p. 80 – 86.

Achenbach, T. M. (2017). Multi-Informant and Multicultural Advances in Evidence-Based Assessment of Students' Behavioral/Emotional/Social Difficulties. *European Journal of Psychological Assessment.* **34** (2) p.p. 127 – 140

Achenbach, T. M. and Dumenci, L. (2001). Advances in empirically based assessment: Revised cross-informant syndromes and new DSM-oriented scales for the CBCL, YSR,

and TRF: Comment on Lengua, Sadowski, Friedrich, and Fischer (2001). *Journal of Consulting and Clinical Psychology.* **69** (4) p.p. 699 – 702.

Achenbach, T. M. and Rescorla, L. A. (2001). *Manual for the ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Centre for Children, Youth and Families.

Agnafors, S., Comasco, E., Bladh, M., Sydsjö, G., DeKeyser, L., Oreland, L. and Svedin, C. G. (2013). Effect of gene, environment and maternal depressive symptoms on pre-adolescence behaviour problems – a longitudinal study. *Child and Adolescent Psychiatry and Mental Health.* **7** (1) p.p. 1 – 10

Ainsworth, M., Blehar, M., Waters, E., and Wall, S. (1978). *Patterns of attachment*. Hillsdale, NJ: Lawrence Erlbaum

Akcinar, B. and Shaw, D. S. (2017). Independent Contributions of Early Positive Parenting and Mother–Son Coercion on Emerging Social Development. *Child Psychiatry and Human Development.* **49** (3) p.p. 1 – 11

Albrecht, B., Banaschewski, T., Brandeis, D., Heinrich, H. and Rothenberger, A. (2005). Response inhibition deficits in externalizing child psychiatric disorders: An ERP-study with the stop-task. *Behavioral and Brain Functions*. **1** (22) p.p. 1 – 14.

Alexander, V. D., Thomas, H., Cronin, A., Fielding, J. and Moran-Elis, J. (2008). Mixed Methods. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 125 – 144). Great Britain. SAGE Publications Inc

Algozzine, B. (2017). Toward an Acceptable Definition of Emotional Disturbance: Waiting for the Change. *Behavioral Disorders*. **42** (3) p.p. 136 – 144

Ali, S. and Kelly, M. (2008). Ethics and social research. In N. Seale (Ed), *Researching Society and Culture* (p.p. 115 – 127). Great Britain: SAGE

Allen, D. (2008). The relationship between challenging behavior and mental ill-health in people with intellectual disabilities A review of current theories and evidence. *Journal of Intellectual Disabilities*. **12** (4) p.p. 267 – 294

Almeida, D. M., and Galambos, N. L. (1991). Examining father involvement and the quality of father- adolescent relations. *Journal of Research on Adolescence*. **1** (2) p.p. 155 – 172.

Al-Yagon, M. (2007). Socioemotional and Behavioral Adjustment Among School-Age Children With Learning Disabilities The Moderating Role of Maternal Personal Resources. *The Journal of Special Education.* **40** (4) p.p. 205 – 217

Al-Yagon, M. (2012). Adolescents with Learning Disabilities: Socioemotional and Behavioral Functioning and Attachment Relationships with Fathers, Mothers, and Teachers. *Journal of Youth and Adolescence*. **41**(10) p.p. 1294 – 1311

Al-Yagon, M. (2015). Fathers and Mothers of Children With Learning Disabilities: Links Between Emotional and Coping Resources. *Learning Disability Quarterly*. **38** (2) p.p. 112 – 128

American Association on Intellectual and Developmental Disabilities (AAIDD) (2013). Frequently Asked Questions on Intellectual Disability [online]. USA. Available from <http://aaidd.org/intellectual-disability/definition/faqs-on-intellectual-disability#.W0HQmfZuJjo> [Accessed on 08th June 2018]

American Psychological Association (APA) (2013). DSM-5 Mobile App [Mobile Application Software] Retrieved from http://itunes.apple.com

Angelides, P. (2004). Moving towards inclusive education in Cyprus? *International Journal of Inclusive Education*. **8** (4) p.p. 407 – 422

Araújo, M. (2005). Disruptive or disrupted? A qualitative study on the construction of indiscipline. *International Journal of Inclusive Education*. **9** (3) p.p. 241 – 268

Archer, J. and Coyne, S. M. (2005). An integrated review of indirect, relational, and social aggression. *Personality and Social Psychology Review*. **9** (3) p.p. 212 – 230

Armstrong, D. and Hallett, F. (2012). Private knowledge, public face: Conceptions of children with SEBD by teachers in the UK – a case study. *Educational and Child Psychology*. **29** (4) p.p. 77 – 87.

ASEBA (2009). Child Behaviour Checklist for Ages 6-18 [online]. USA: ASEBA™. Available from: <http://www.aseba.org/adm.html > [Accessed 04/10/2013]

ASEBA (2015). School – Age (Ages 6 – 18) Assessments [online]. USA: ASEBA™ Available from: < http://www.aseba.org/schoolage.html> [Accessed on 31/01/2015]

Ashraf, F. and Najam, N. (2015). Comorbidity of Anxiety Disorder and Major Depression among Girls with Learning Disabilities. *Pakistan Journal of Medical Research*. **54** (4) p.p. 109 – 112

Avramidis E. and Norwich, B. (2002). Teachers' attitudes towards integration/inclusion: a review of the literature. *European Journal of Special Needs Education*. **17** (2) p.p. 129 – 147.

Avramidis, E., Bayliss, P. and Burden, R. (2000). A survey into mainstream teachers' attitudes towards the inclusion of children with special educational needs in the

ordinary school in one local education authority. *Educational Psychology*. **20** (2) p.p. 191 – 211.

Bæck Karlsen, U-D (2010). 'We are the professionals: a study of teachers' views on parental involvement in school. *British Journal of Sociology of Education*. **31** (3) p.p. 323 – 335.

Baker B. L. and Blacher, J. (2015). Disruptive Behavior Disorders in Adolescents With ASD: Comparisons to Youth with Intellectual Disability or Typical Cognitive Development. *Journal of Mental Health Research in Intellectual Disabilities*. **8** (2) p.p. 98 – 116

Baker, C. N. and Hoerger, M. (2012). Parental child-rearing strategies influence self-regulation, socio-emotional adjustment, and psychopathology in early adulthood: Evidence from a retrospective cohort study. *Personality and Individual Differences.* **52** (7) p.p. 800 – 805

Barker, C., Pistrang, N. and Elliott, R. (1994). *Research Methods in Clinical and Counselling Psychology*. Great Britain. John Wiley & Sons.

Barkley, R. A. (2006). *Attention-Deficit/Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (3rd Ed). New York, NY: Guilford Press

Barkley, R. A. (2013). *Taking Charge of ADHD: The Complete Authoritative Guide for Parents (3rd Ed)*. United States of America. The Guilford Press

Barkley, R. A. (2016). Recent Longitudinal Studies of Childhood Attention-Deficit/Hyperactivity Disorder: Important Themes and Questions for Further Research. *Journal of Abnormal Psychology*. **125** (2) p.p. 248 – 255

Barkley, R.A., Murphy, K.R. and Fischer, M. (2008). *ADHD in Adults: What the Science Says*. New York, NY: Guilford Publications.

Basten, C. (1997). A Feminised Profession: women in the teaching profession. *Educational Studies*. **23** (1) p.p. 55 – 62

Bayer, J. K., Hiscock, H., Ukoumunne, O.C., Price, A. and Wake, M. (2008). Early childhood aetiology of mental health problems: a longitudinal population-based study. *Journal of Child Psychology and Psychiatry.* **49** (11) p.p. 1166 – 1174.

Bayer, J. K., Rapee, R. P., Hiscock, H., Ukoumunne, O.C., Mihalopoulos, C. and Wake, M. (2011). Translational Research to Prevent Internalizing Problems Early in Childhood. *Depression and Anxiety*. **28** (1) p.p. 50 – 57.

Bayer, J. K., Sanson, A.V. and Hemphill, S.A. (2009). Early Childhood Aetiology of Internalising Difficulties: A Longitudinal Community Study. *International Journal of Mental Health Promotion*. **11** (1) p.p. 4 – 14.

Beato, A, Pereira, A. I, Barros, L. and Muris, P. (2016). The Relationship Between Different Parenting Typologies in Fathers and Mothers and Children's Anxiety. *Journal of Child and Family Studies*. **25** (5) p.p. 1691 – 1701

Bechtold, J., Cavanagh, C., Shulman, E. P. and Cauffman, E. (2014). Does Mother Know Best? Adolescent and Mother Reports of Impulsivity and Subsequent Delinquency. *Journal of Youth and Adolescence*. **43** (11) p.p. 1903 – 1913

Bell, J. (2005). *Doing your Research Project: A guide for first time researchers in education, health and social science*. UK: Open University Press

Bellina, M., Brambilla, P., Garzitto, M., Negri, G. A. L., Molteni, M. and Nobile, M. (2013). The ability of CBCL DSM-oriented scales to predict DSM-IV diagnoses in a referred sample of children and adolescents. *European Child and Adolescent Psychiatry*. **22** (4) p.p. 235 – 246.

Berg-Nielsen, T. S., Solheim, E., Belsky, J. and Wichstrom, L. (2012). Preschoolers' Psychosocial Problems: In the Eyes of the Beholder? Adding Teacher Characteristics as Determinants of Discrepant Parent–Teacher Reports. *Child Psychiatry and Human Development.* **43** (3) p.p. 393 – 413

Bertrand, M. and Pan, J. (2013). *The trouble with the boys: social influences and the gender gap in disruptive behavior.* American Economic Journal. Applied Economics. 5 (**1**) p.p. 32 – 64.

Bérubé, R. L., and Achenbach, T. M. (2017). *Bibliography of published studies using the Achenbach System of Empirically Based Assessment (ASEBA).* Burlington, VT: University of Vermont, Research Center for Children, Youth, and Families

Bianco, M., Harris, B., Garrison-Wade, D. and Leech, N. (2011). Gifted Girls: Gender Bias in Gifted Referrals. *Roeper Review*. **33** (11) p.p. 170–181.

Bilton, K. and Cooper, P. (2013). ADHD and children with social, emotional and behavioural difficulties. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 32 – 39). Great Britain. Routledge.

Bloch, A. (2004). Doing social surveys. In Clive Seal (Ed), *Researching Society and Culture* (p.p.163 – 178). Great Britain: Cromwell Press Ltd.

Blum, L. M. (2007). Mother-Blame in the Prozac Nation: Raising Kids with Invisible Disabilities. *Gender and Society*. **21** (2) p.p. 202 – 226

Boeldt, D. L., Rhee, S. H., DiLalla, L. F., Mullineaux, P. Y., Schultz-Heik, R. J., Corley, R. P. et al. (2012). The association between positive parenting and externalizing behaviour. *Infant and Child Development*. **21** (1) p.p. 86 – 106.

Bongers, I. L., Koot, H. M., van der Ende, J. and Verhulst, F. C. (2004). Developmental Trajectories of Externalizing Behaviors in Childhood and Adolescence. *Child Development*. **75** (5) p.p. 1523 – 1537

Bonti, E., Bampalou, C. E., Kouimtzi, E. M. and Kyritsis, Z. (2018). Greek Young Adults With Specific Learning Disabilities Seeking Learning Assessments. *Learning Disability Quarterly*. **41** (2) p.p. 119 – 126

Boomsma, D. I., Van Beijsterveldt, C. E. M., and Hudziak, J. J. (2005). Genetic and environmental influences on anxious/depression during childhood: A study from the Netherlands Twin Register. *Genes Brain and Behavior*. **4** (8) p.p. 466–481.

Bornstein, M. H. (2012). Cultural Approaches to Parenting. *Parenting Science and Practice.* **12** (2-3) p.p. 212 – 221.

Bornstein, M. H., and Lansford, J. E. (2010). Parenting. In M. H. Bornstein (Ed.), *The handbook of cross-cultural developmental science* (pp. 259–277). New York, NY: Taylor & Francis

Bourdieu, P. (1984). *Distinction: A social critique of the judgment of taste*. Great Britain: Routledge & Kegan Pal Ltd

Bowlby, J. (1988). *A secure base*. New York: Basic Books.

Bradley, E. and Bolton, P. (2006). Episodic psychiatric disorders in teenagers with learning disabilities with and without autism. *British Journal of Psychiatry*. **189** (4) p.p. 361 – 366

Braun, V. and Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners*. SAGE Publications. Kindle Edition.

Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. **3** (2) p.p. 77 – 101.

Brock, R. L. and Kochanska, G. (2016). Interparental conflict, children's security with parents, and long-term risk of internalizing problems: A longitudinal study from ages 2 to 10. *Development and Psychopathology*. **28** (1) p.p. 45 – 54.

Brody, L. R. (2000). The socialization of gender differences in emotional expression: Display rules, infant temperament, and differentiation. In A. H. Fischer (Ed.), *Gender and emotion: Social psychological perspectives* (p.p. 24 – 47). England: Cambridge University Press

Bronfenbrenner, U. and Ceci, S. J. (1993). Heredity, Environment and the Question of "How": A First Approximation. In U. Bronfenbrenner (Ed.) *Making Human Beings Human: Bioecological Perspectives on Human Development* (p.p. 174 – 184). London: Sage

Broomhead, K. (2013). Blame, guilt and the need for 'labels'; insights from parents of children with special educational needs and educational practitioners. *British Journal of Special Education*. **40** (1) p.p. 14 – 21.

Broomhead, K. (2014). 'A clash of two worlds'; disjuncture between the norms and values held by educational practitioners and parents of children with behavioural,

emotional and social difficulties. *Behavioural, Emotional and Social Difficulties*. **41** (2) p.p. 136 – 150

Brown, A., and Achenbach, T.M. (1993). *Bibliography of published studies using the Child Behavior Checklist and related materials: 1993 edition*. Burlington: University of Vermont

Brownhill, S. (2014). 'Build me a male role model!' A critical exploration of the perceived qualities/characteristics of men in the early years (0–8) in England. *Gender and Education*. **26** (3) p.p. 246 – 261

Bryman, A. (1992). Qualitative and Quantitative research: further reflections on their integration. In J. Brannen (Ed.) *Mixing Methods: Qualitative and Quantitative Research*. Aldershot: Avebury.

Buist, K. L. (2010). Sibling Relationship Quality and Adolescent Delinquency: A Latent Growth Curve Approach. *Journal of Family Psychology*. **24** (4) p.p. 400 – 410

Buist, K. L. and Vermande, M. (2014). Sibling Relationship Patterns and Their Associations With Child Competence and Problem Behavior. *Journal of family psychology*. **28** (4) p.p. 529 – 537

Bulmer, M. (2008). The Ethics of Social Research. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 145 – 161). Great Britain. SAGE Publications Inc.

Burt, S. A., McGue, M., Krueger, R. F. and Iacono, W. G. (2005). How are parent–child conflict and childhood externalizing symptoms related over time? Results from a genetically informative cross-lagged study. *Development and Psychopathology*. **17** (1) p.p. 145 – 165

Buschgens, C. J. M., van Aken, M. A. G., Swinkels, S. H. N., Ormel, J., Verhulst, F. C. and Buitelaar, K. (2010). Externalizing behaviors in preadolescents: familial risk to externalizing behaviors and perceived parenting styles. *European Child and Adolescent Psychiatry*. **19** (7) p.p. 567 – 575

Caçola, P., Miller, H. and Williamson, P. O. (2017). Behavioral comparisons in Autism Spectrum Disorder and Developmental Coordination Disorder: A systematic literature review. *Research in Autism Spectrum Disorders*. **38** (1) p.p. 6 – 18

Cairney, J., Rigoli, D. and Piek, J. (2013). Developmental coordination disorder and internalizing problems in children: The environmental stress hypothesis elaborated. *Developmental Review.* **33** (3) p.p. 224 – 238

Cairney, J., Veldhuizen, S., and Szatmari, P. (2010). Motor coordination and emotional–behavioral problems in children. *Current Opinion in Psychiatry*. **23** (4) p.p. 324 – 329

Campbell, S. B., Spieker S., Vandergrift, N., Belsky, J., Burchinal M. and The NICHD Early Child Care Research Network (2010). Predictors and sequelae of trajectories of

physical aggression in school-age boys and girls. *Development and Psychopathology*. **22** (1) p.p. 133 – 150

Carter, A. S., Godoy, L., Wagmiller, R. L., Veliz, P., Marakovitz, S. and Briggs-Gowan, M. J. (2010). Internalizing Trajectories in Young Boys and Girls: The Whole is Not a Simple Sum of its Parts. *Journal of Abnormal Child Psychology*. **38** (1) p.p. 19 – 31

Centers for Disease Control and Prevention. (2014). *Prevalence of autism spectrum disorder among children aged 8 years—Autism and develop- mental disabilities monitoring network, 11 sites, United States, 2010*. Atlanta, GA: US Department of Health and Human Services

Cervantes, P. E. and Matson, J. L. (2015). Comorbid Symptomology in Adults with Autism Spectrum Disorder and Intellectual Disability. *Journal of Autism and Developmental Disorders*. **45** (12) p.p. 3961 – 3970

Charman, T., Ricketts, J., Dockrell, J. E., Lindsay, G. and Palikara, O. (2015). Emotional and behavioural problems in children with language impairments and children with autism spectrum disorders. *International Journal of Language and Communication Disorders*. **50** (1) p.p. 84 – 93

Chen, J. J. L. (2010). Gender differences in externalising problems among preschool children: implications for early childhood educators. *Early Child Development and Care*. **180** (4) p.p. 463 – 474

Clarke, V. and Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*. **12** (3) p.p. 297 – 298

Cohen, L., Manion, L. and Morrison, K. (2008). *Research Methods in Education (6th Ed*). Great Britain. Routledge

Cole, T. and Knowles, B. (2011). *How to Help Children and Young People with Complex Behavioural Difficulties: A Guide for Practitioners Working in Educational Settings.* United Kingdom. Jessica Kingsley Publishers

Cole, T., Daniels, H. and Visser, J. (2013). Introduction: Dilemmas and scope of the Companion. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 1 – 7). Great Britain. Routledge

Conley, L., Marchant, M. and Caldarella, P. (2014). A Comparison of Teacher Perceptions and Research – Based Categories of Student Behavior Difficulties. *Education*. **134** (4) p.p. 439 – 451

Connolly A. and Vance, A. (2010). Psychosocial Factors associated with parent and teacher reports of aggression in children and adolescents with attention deficit hyperactivity disorder. *Australian and New Zealand Journal of Psychiatry*. **44** (7) p.p. 667 – 675

Conroy, M. A., Stichter, J. P. and Gage, N. (2011). Current Issues and Trends in the Education of Children and Youth with Autism Spectrum Disorders. In J. M. Kauffman and D. P. Hallahan (Eds) *Handbook of Special Education* (p.p. 277 – 290). United States of America. Routledge

Cook, B. G. and Ruhaak, A. E. (2014). Causality and Emotional or Behavioral Disorders: An Introduction. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 97 – 108). Great Britain. SAGE Publications.

Cooper. G. (2008). Conceptualizing Social Life. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 5 – 20). Great Britain. SAGE Publications Inc

Cooper, P. (2005). Biology and Behaviour: The Educational Relevance of a Biopsychosocial Perspective. In P. Clough, Garner, P, Pardeck J.T and Yuen, F. (Eds), *Handbook of Emotional and Behavioural Difficulties*, (p.p. 105 – 121). London: SAGE publications.

Cooper, P. (2008). Nurturing attachment to school: contemporary perspectives on social, emotional and behavioural difficulties. *Pastoral Care in Education*. **26** (1) p.p. 13 – 22

Cooper P. (2008a). SEBD, Context and Perceptions. *Emotional and Behavioural Difficulties.* **13** (2) p.p. 77 – 78

Cooper, P. (2012). 'Components of successful emotional education: promoting positive behaviour, emotional competence and educational engagement in schools'. Chair Professors' Public Lecture Series, Hong Kong Institute of Education, Hong Kong, 12 December.

Cooper, P. (2014). Biology, Emotion and Behavior: The Value of a Biopsychosocial Perspective in Understanding SEBD. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 109 – 130). Great Britain. SAGE Publications.

Cooper, P. and Jacobs, B. (2011). *From Inclusion to Engagement: Helping Students Engage with Schooling through Policy and Practice*. Chichester: Wiley-Blackwell.

Cooper, P. and Tiknaz, Y. (2007). *Nurture Schools in School and at Home. Connecting with children with Social, Emotional and Behavioural Difficulties*. United Kingdom. Jessica Kingsley Publishers

Cooper, P., Bilton, K. and Kakos, M. (2013). The importance of biopsychosocial approach to interventions for students with social, emotional and behavioural difficulties. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 89 – 95). Great Britain. Routledge.

Coplan, R. J., Hughes, K., Bosacki, S. and Rose-Krasnor, L. (2011). Is silence golden? Elementary school teachers' strategies and beliefs regarding hypothetical shy/quiet and

exuberant/talkative children. *Journal of Educational Psychology*. **103** (4) p.p. 939 – 951.

Cortiella, C. and Horowitz, S. H. (2014). *The state of learning disabilities: Facts, trends and emerging issues.* New York, NY: National Center for Learning Disabilities.

Crane J., Winsler, A. and Sands B. (2013). Patterns of Referral Recommendations for Ethnically Diverse Children in Subsidized Child Care. *Exceptional Children*. **80** (1) p.p. 45 – 64

Crane, L., Sumner, L. and Hill, E. L. (2017), Emotional and behavioural problems in children with Developmental Coordination Disorder: Exploring parent and teacher reports. *Research in Developmental Disabilities.* **70** (1) p.p. 67 – 74

Crespo, L. M., Tremtacpsta, C. J., Aikins, D. and Wargo-Aikins, J. (2017). Maternal Emotion Regulation and Children's Behavior Problems: The Mediating Role of Child Emotion Regulation. *Journal of Child and Family Studies*. **26** (10) p.p. 2797 – 2809

Cullinan, D. (2004). Classification and Definition of Emotional and Behavioral Disorders. In R. Rutherford, M. Quinn and S. Mathur (Eds), *Handbook of Research on Emotional and Behavioral Disorders* (p.p. 32 – 53). U.S.A: Guilford Press.

Davis, D. (1999). Looking back, looking ahead. Reflections on lessons over twenty-five years. In *Building bridges between home and school*, ed. F. Smit, H. Moerel, K. van der Wolf, and P. Sleegers, 5-13. Nijmegen/Amsterdam: Institute for Applied Social Sciences & SCO/Kohnstamm Institute.

De Bildt, A., Sytema, S., Kraijer, D., Sparrow, S. and Minderaa, R. (2005). Adaptive functioning and behaviour 183ehaviou in relation to level of education in children and adolescent with intellectual disability. *Journal of Intellectual Disability Research*. **49** (9) p.p. 672 – 681.

De Los Reyes, A. (2011) Introduction to the Special Section: More Than Measurement Error: Discovering Meaning Behind Informant Discrepancies in Clinical Assessments of Children and Adolescents. *Journal of Clinical Child and Adolescent Psychology*. **40** (1) p.p. 1 – 9.

De Ruiter, K. P., Dekker, M. C., Verhulst, F. C. and Koot, H. M. (2007). Developmental course of psychopathology in youths with and without intellectual disabilities. *Journal of Child Psychology and Psychiatry*. **48** (5) p.p. 498 – 507

de Fur, S. (2012). Parents as Collaborators: Building Partnerships with School and Community – Based Providers. *TEACHING Exceptional Children.* **44** (3) p.p. 58 – 67.

De Wolff, M. Vogels, A. C. G. and Reijneveld, S. A. (2014). The Empirical Versus DSM-Oriented Approach of the Child Behavior Checklist: similarities and Dissimilarities. *European Journal of Psychological Assessment*. **30** (1) p.p. 22 – 30

Denzin, N. K. (1989). *The Research Art: A Theoretical Introduction to Sociological Models* (3rd Ed). Englewood Cliffs. NJ: Prentice-Hall

Department for Education and Skills (DfES) (2014). Special Educational Needs and Disability Code of Practice: 0 – 25 years [online]. Government Digital Service. Available from: <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/342440/SEND_Code_of_Practice_approved_by_Parliament_29.07.14.pdf.> [Accessed on 3 October 2014].

Dewey, D., Kaplan, B. J., Crawford, S. G. and Wilson, B. N. (2002). Developmental coordination disorder: Associated problems in attention, learning, and psychosocial adjustment. *Human Movement Science*. **21** (5 – 6) p.p. 905 – 918.

Dinnebeil, L. A., Sawyerb, B. E., Loganc, J., Dyniac, J. M., Cancioa, E. and Justice, L. M. (2013). Influences on the congruence between parents' and teachers' ratings of young children's social skills and problem behaviors. *Early Childhood Research Quarterly*. **28** (1) p.p. 144 – 152.

Dougherty, L. R., Tolep, M. R., Smith, V. C. and Rose, S. (2013). Early Exposure to Parental Depression and Parenting: Associations with Young Offspring's Stress Physiology and Oppositional Behavior. *Journal of Abnormal Child Psychology*. **41** (8) p.p. 1299 – 1310

Dunst, C. J. and Dempsey, I. (2007). Family – Professional Partnerships and Parenting Competence, Confidence, and Enjoyment. *International Journal of Disability, Development and Education.* **54** (3) p.p. 305 – 318.

Dutra, L. and Campbell, L. (2004). Quantifying Clinical Judgment in the Assessment of Adolescent Psychopathology: Reliability, Validity, and Factor Structure of the Child Behavior Checklist for Clinician Report. *Journal of Clinical Psychology*. **60** (1) p.p. 60 – 85.

Dwairy, M. (2010). Introduction to Special Section on Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of Child and Family Studies*. **19** (1) p.p. 1 – 7

Dwairy, M. (2010b). Parental Acceptance–Rejection: a Fourth Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of child and family studies*. **19** (1) p.p. 30 – 35

Dwairy, M. (2010c). Parental Inconsistency: A Third Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of child and family studies*. **19** (1) p.p. 23 – 29

Dwairy, M. and Achoui, M. (2010). Parental Control: A Second Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of Child and Family Studies*. **19** (1) p.p. 16 – 22

Dwairy, M., Achoui, M., Filus, A., Rezvan nia, P., Casullo, M. M. and Vohra, N. (2010). Parenting, Mental Health and Culture: A Fifth Cross-Cultural Research on Parenting and Psychological Adjustment of Children. *Journal of Child and Family Studies*. **19** (1) p.p. 36 – 41

Dyson, L. (2003). Children with Learning Disabilities Within the Family Context: A Comparison with Siblings in Global Self-Concept, Academic Self-Perception, and Social Competence. *Learning Disabilities Research and Practice.* **18** (1) p.p. 1 – 9

Eisenberg, N., Cumberland, A. and Spinrad, T. L. (1998). Parental socialization of emotion. *Psychological Inquiry*. **9** p.p. 241 – 273

El Nokali, N. M., Bachman, H. J. and Votruba-Drzal E. (2010). Parent Involvement and Children's Academic and Social Development in Elementary School. *Child Development.* **81** (3) p.p. 988 – 1005.

Else-Quest, N. M., Shibley Hyde, J., Hill Goldsmith, H. and Van Hulle, C. C. (2006). Gender Differences in Temperament: A Meta-Analysis. Psychological Bulletin. **132** (1) p.p. 33 – 72

Emerich, D. R., Rodrigues Carreiro, L. R., Justo A. M., Guedes, P. and Triguero Veloz Teixeira, M. C. (2017). Sociodemographic Characteristics, Behavioral Problems, Parental Concerns and Children's Strengths Reported by Parents. *Paidéia.* **27** (67) p.p. 46 – 55

Emerson E. and Hatton C. (2007) Mental health of children and adolescents with intellectual disabilities in Britain. *British Journal of Psychiatry*. **191** p.p. 493 – 499.

Emerson, E. (1995). *Challenging Behavior: Analysis and Intervention in people with learning disabilities*. Cambridge, UK. Cambridge University Press.

Emerson, E. and Einfeld, S. (2010). Emotional and behavioural difficulties in young children with and without developmental delay: a bi-national perspective. *Journal of Child Psychology and Psychiatry*. **51** (5) p.p. 583 – 59

Epstein, J. L. (2005). School-initiated family and community partnerships. In T. Erb (Ed.), *This we believe in action: Implementing successful middle level schools* (p.p. 77 – 96). Westerville, OH: National Middle School Association.

Eschenbeck, H., Kohlmann, C., and Lohau, A. (2007). Gender differences in coping strategies in children and adolescents. *Journal of Individual Differences*. **28** (1) p.p. 18 – 26

Estell, D. B., Jones, M. H., Pearl, R., Van Acker, R., Farmer, T. W. and Rodkin, P. C. (2008). Peer Groups, Popularity, and Social Preference: Trajectories of Social Functioning Among Students with and Without Learning Disabilities. *Journal of Learning Disabilities*. **41** (1) p.p. 5 – 14

European Agency for Development in Special Needs Education (2010). Legal System – Cyprus [online]. Denmark. Available from: <http://www.european-agency.org/country-information/cyprus/national-overview/legal-system> [Accessed on 04 October, 2013].

Fanti, K. A. and Henrich, C. C. (2010). Trajectories of Pure and Co-Occurring Internalizing and Externalizing Problems from Age 2 to Age 12: Findings From the National Institute of Child Health and Human Development Study of Early Child Care. *Developmental Psychology*. **46** (5) p.p. 1159 – 1175.

Fernandez Castelao, C. and Kröner-Herwig, B. (2014). Developmental Trajectories and Predictors of Externalizing Behavior: A Comparison of Girls and Boys. *Journal of Youth and Adolescence*. **43** (5) p.p. 775 – 789.

Fialka, J. M., Feldman, A. K. and Mikus, K. C. (2012). *Parents and Professionals Partnering for Children with Disabilities: A Dance That Matters.* USA. Corwin

Fielding, N. and Thomas, H. (2008). Qualitative Interviewing. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 245 – 265). Great Britain. SAGE Publications Inc

Flapper, B.C.T. and Schoemaker, M. M. (2013). Developmental Coordination Disorder in children with specific language impairment: Co-morbidity and impact on quality of life. *Research in Developmental Disabilities*. **34** (2) p.p. 756 – 763

Fletcher, A. C. and Johnston, C. A. (2016). Parenting Behaviors and Child Externalizing: A Short-Term Investigation of Directionality. *Journal of Child and Family Studies*. **25** (10) p.p. 3150 – 3159

Forlin, C. and Cooper, P. (2013). Student Behaviour and emotional challenge for teachers and parents in Hong Kong. British Journal of Special Education. **40** (2) p.p. 58 – 64.

Foulder-Hughes, L. and Prior, C. (2014). Supporting pupils with DCD and ASD with the transition to secondary school. *Research in Education*. **92** (1) p.p. 79 – 92

Fournier, K. A., Hass, C. J., Naik, S. K., Lodha, N. and Cauraugh, J. H. (2010). Motor Coordination in Autism Spectrum Disorders: A Synthesis and Meta-Analysis. *Journal of Autism and Developmental Disabilities*. **40** (10) p.p. 1227 – 1240

Fovet, F. (2011). Towards a new construct of social, emotional and behavioural difficulties. *Emotional and Behavioral Difficulties*. **16** (3) p.p. 249 – 262.

Francis, A. (2012). Stigma in an era of medicalization and anxious parenting: How proximity and culpability shape middle-class parent's experiences of disgrace. *Sociology of Health and Illness*. **34** (6) p.p. 16 – 21.

Franz, A. O. and McKinney, C. (2018). Parental and Child Psychopathology: Moderated Mediation by Gender and Parent–Child Relationship Quality. *Child Psychiatry and Human Development*. https://doi.org/10.1007/s10578-018-0801-0

Frigerio A., Rucci, P., Goodman, R., Ammaniti, M., Carlet, O., Cavolina, P., de Girolamo, G., Lenti, C., Lucarelli, L., Mani, E., Martinuzzi, A., Micali, N., Milone, A., Morosini, P., Muratori, F., Nardocci, F., Pastore, V., Polidori, G., Tullini, A., Vanzin, L., Villa, L., Walder, M., Zuddas, A., Molteni, M. (2009). Prevalence and correlates of mental disorders among adolescents in Italy: the PrISMA study. *European Child and Adolescent Psychiatry*. **18** (4) p.p. 217 – 226.

Furlong, M. J., Morrison, G.M. and Jimerson, S. R. (2004). Externalizing Behaviors of Aggression and Violence and the School Context. In R. Rutherford, M. Quinn and S. Mathur (Eds), *Handbook of Research on Emotional and Behavioral Disorders* (p.p. 243 – 261). U.S.A: Guilford Press.

Furniss, F. and Biswas, A. B. (2012). Recent research on aetiology, development and phenomenology of self-injurious behaviour in people with intellectual disabilities: a systematic review and implications for treatment. *Journal of Intellectual Disability Research*. **56** (5) p.p. 453 – 475

Gadeyne, E., Chesquiere, P., and Onghena, P. (2004). Psychosocial functioning of young children with learning problems. *Journal of Child Psychology and Psychiatry*. **45** (3) p.p. 510 – 521

Gage, N.A. Adamson, A, MacSuga-Gage, A.S. and Lewis, T.J. (2017). The Relation Between the Academic Achievement of Students with Emotional and Behavioral Disorders and Teacher Characteristics. *Behavioral Disorders*. **43** (1) p.p. 213 – 222.

Gardon, L. (2012). The School Behaviours Rating Scale: A Measure to Assess Behavioural Strengths and Needs and Inform Supportive Programming. In J. Visser, H. Daniels and T. Cole (Eds) *International Perspectives on Inclusive Education (Volume 2) Transforming Troubled Lives: Strategies and Interventions for Children with Social, Emotional and Behavioural Difficulties* (p.p. 75 – 92). United Kingdom. Emerald Group Publishing Limited

Garwood, J. D., Varghese, C. and Vernon-Feagans, L. (2017). Internalizing Behaviors and Hyperactivity/Inattention: Consequences for Young Struggling Readers, and Especially Boys. *Journal of Early Intervention*. **39** (3) p.p. 218 – 235

Giangreco, M., Edelman, S. W., MacFarland, S. and Luiselli, T. E. (1997). Attitudes about educational and related service provision for students with deaf-blindness and multiple disabilities. *Exceptional Children*. **63** (3) p.p. 329 – 342.

Gibbs, J., Appleton, J., and Appleton, R. (2007). Dyspraxia or developmental coordination disorder? Unravelling the enigma. *Archives of Disease in Childhood*. **92** (6) p.p. 534 – 539.

Gidlund, U. (2018). Why teachers find it difficult to include students with EBD in mainstream classes. *International Journal of Inclusive Education*. **22** (4) p.p. 441 – 455

Gilbert, N. (2008). Research, Theory and Method. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 21 – 40). Great Britain. SAGE Publications Inc

Gilger, J. W. and Kaplan, B. J. (2001). Atypical Brain Development: A Conceptual Framework for Understanding Developmental Learning Disabilities. *Developmental Neuropsychology*. **20** (2) p.p. 509 – 534

Godinet, M. T., Li, F. and Berg, T. (2014). Early childhood maltreatment and trajectories of behavioural problems: Exploring gender and racial differences. *Child abuse and neglect*. **38** (3) p.p. 544 – 556

Gomez, R. and Vance, A. (2014). Confirmatory Factor Analysis, Latent Profile Analysis, and Factor Mixture Modeling of the Syndromes of the Child Behavior Checklist and Teacher Report Form. *Psychological Assessment*. **26** (4) p.p. 1307 – 1316

Goodnow, J. J. (1985). Change and variation in ideas about childhood and parenting. In I. E. Sigel (Ed.), *Parental belief system: The psychological consequences for children*. Hillsdale, NJ: Lawrence Erlbaum.

Gottzén, L. (2011). Involved fatherhood? Exploring the educational work of middle-class men. *Gender and Education*. **23** (5) p.p. 619–634

Graber, J. A. (2004). Internalizing problems during adolescence. In R. M. Lemer and L. Steinberg (Eds.), *Handbook of adolescent psychology* (p.p. 587 – 626). New York, NY: Wiley

Graves, Jr. S. L., Blake, J. and Sook Kim E. (2012). Differences in Parent and Teacher Ratings of Preschool Problem Behavior in a National Sample. The Significance of Gender and SES. *Journal of Early Intervention*. **32** (3) p.p. 151 – 165.

Graves, Jr. S. L. and Howes, C. (2011). Ethnic differences in social-emotional development in preschool: The impact of teacher child relationships and classroom quality. *School Psychology Quarterly*. **26** (3) p.p. 202 -214.

Gray, D. E. (2014). *Doing Research in the Real World*. London. SAGE publications.

Green, S.A., Berkovits, L. D. and Baker, B.L. (2015). Symptoms and Development of Anxiety in Children With or Without Intellectual Disability. *Journal of Clinical Child and Adolescent Psychology*. **44** (1) p.p. 137 – 144

Greene, J. and D'Oliveira, M. (1998). *Learning to Use Statistical Tests in Psychology*. GBR. Open University Press.

Gresham F. and Kern, L. (2004). Internalizing Behaviour Problems in Children and Adolescents. In R. Rutherford, M. Quinn and S. Mathur (Eds), *Handbook of Research on Emotional and Behavioral Disorders* (p.p. 262 – 281). U.S.A: Guilford Press.

Griffith, A. I. and Smith, D. E. (2005). *Mothering for schooling*. New York, NY: Routledge Falmer.

Grigorenko, E. L. (2007). How Can Genomics Inform Education? *Mind, Brain and Education*. **1** (1) p.p. 20 – 27

Grigorenko, E. L. (2014). Genetic Causes and Correlates of EBD: A Snapshot in Time and Space. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 131 – 143). Great Britain. SAGE Publications.

Grigorenko, E. L., Geiser, G., Slobodskaya, H. R. and Francis D. J. (2010). Cross-Informant Symptoms From CBCL, TRF, and YSR: Trait and Method Variance in a Normative Sample of Russian Youths. *Psychological Assessment*. **22** (4) p.p. 893 – 911.

Gritti, A., Bravaccio, C., Signoriello, S., Salerno, F., Pisano, S., Catone, G., Gallo, C. and Pascotto, A. (2014). Epidemiological study on behavioural and emotional problems in developmental age: prevalence in a sample of Italian children, based on parent and teacher reports. *Italian Journal of Pediatrics*. **40** (19) p.p. 2 – 7

Gulchak, D. J. and Lopez, J. A. (2007). Interventions for Students with Behavioral Disorders: An International Literature Review. *Behavioral Disorders*. **32** (4) p.p. 267 – 281.

Hajdukova, E., Hornby, G. and Cushman, P. (2014). Pupil–teacher relationships: perceptions of boys with social, emotional and behavioural difficulties. *Pastoral Care in Education*. **32** (2) p.p. 145 – 156.

Hall, A. (2008). Specific learning difficulties. *Psychiatry*. **7** (6) p.p. 260 – 265

Hardy, I. and Woodcock, S. (2014). Contesting the recognition of Specific Learning Disabilities in educational policy: Intra- and inter-national insights. *International Journal of Educational Research.* **66** p.p. 113 – 124

Hastings, R. and Oakford, S. (2003). Student teachers' attitudes towards the inclusion of children with special needs. *Educational Psychology*. **23** (1) p.p. 87 – 94.

Hay, D. (2007). The gradual emergence of sex differences in aggression. Alternative hypotheses. *Psychological Medicine*. **37** (11) p.p. 1527 – 1537.

Hess Rice, E., Merves, E. and Srsic, A. (2008). Perceptions of gender differences in the expression of emotional and behavioral disabilities. *Education and Treatment of Children*. **31** (4) p.p. 549 – 565

Heyvaert, M., Maes, B. and Onghen, P. (2010). A meta-analysis of intervention effects on challenging behaviour among persons with intellectual disabilities. *Journal of Intellectual Disability Research*. **54** (7) p.p. 634 – 649

Hill, E., Pratt, M. L., Kanji, Z. and Jones Bartoli, A. (2017). Motor and coordination difficulties in children with emotional and behavioural difficulties. *Emotional and Behavioral Difficulties*. **22** (4) p.p. 1 – 10

Hills, A.L., Afifi, T. O., Cox, B. J., Bienvenu, O. J. and Sareen, J. (2009). Externalizing Psychopathology and risk for suicide attempt: Cross-sectional and longitudinal findings from the Baltimore Epidemiologic Catchment Area Study. *The Journal of Nervous and Mental Disease*. **197** p.p. 293 – 297.

Hodge, N. (2006). *Disabling Families. How parents experience the process of diagnosing autism spectrum disorders*. EdD dissertation, Sheffield Hallam University.

Hodge, N. and Runswick – Cole, K. (2008). Problematising parent-professional partnership in education. *Disability and Society*. **23** (6) p.p. 637 – 647.

Hoekstra, R. A., Bartels, M., Hudziak, J. J., Van Beijsterveldt, T. C. E. M. and Boomsma, D. I. (2008). Genetic and environmental influences on the stability of withdrawn behavior in children: A longitudinal, multi-informant twin study. *Behavior Genetics*. **38** (5) p.p. 447 – 461

Holloway S. L. and Pimlott-Wilson, H. (2013). Parental involvement in children's learning: Mothers' fourth shift, social class, and the growth of state intervention in family life. *The Canadian Geographer / Le G´eographe canadien.* **57** (3) p.p. 327 – 336

Ho-Hong Ching, B., Suk-Han Ho, C., Chan, D. W., Chung, K. H. K. and Lo, L. Y. (2014). Behavioral characteristics of Chinese adolescents with dyslexia: The use of teachers' 197ehaviour checklist in Hong Kong. *Applied Psycholiguistics*. **35** (6) p.p. 1235 – 1257

Hornby, G. and Lafaele, R. (2011). Barriers to parental involvement in education: an explanatory model. *Educational Review*. **63** (1) p.p. 37 – 52.

Hornby, G. (2014). *Inclusive Special Education. Evidence – Based Practices for Children with Special Needs and Disabilities.* New York. Springer.

Inspiration Software Inc (2018). Kidspiration. [online]. UK. Available from: <http://www.inspiration.com/Kidspiration> [Accessed on 20/07/2018]

Israel, M. and Hay, I. (2006). Research Ethics for Social Scientists. London: SAGE

Ivanova, M. Y., Achenbach, T. M., Rescorla, L. A., Dumenci, L., Almqvist, F., Bathiche, M., Bilenberg, N., Bird, H., Domuta, A., Erol, N., Fombonne, E., Fonseca, A., Frigerio, A. and Kanbayashi, Y. (2007). Testing the Teacher's Report Form Syndromes in 20 Societies. *School Psychology Review*. **36** (3) p.p. 468 – 483

Jansen, M., Bodden, D.H. M., Muris, P., van Doorn, M. and Granic, I. (2017). Measuring Anxiety in Children: The Importance of Separate Mother and Father Reports. *Child Youth Care Forum*. **46** (5) p.p. 643 – 659

Jarus, T., Lourie – Gelberg, Y., Engel – Yeger, B. and Bart, O. (2011). Participation patterns of school-aged children with and without DCD. *Research in Developmental Disabilities.* **32** (4) p.p. 1323 – 1331.

Jepsen, M. I., Gray, K. M. and Taffe, J. R. (2012). Agreement in multi-informant assessment of behaviour and emotional problems and social functioning in adolescents with Autistic and Asperger's Disorder. *Research in Autism Spectrum Disorders.* **6** (3) p.p. 1091 – 1098.

Jewell, J. D., Krohn, E. J., Scott, V. G., Carlton, M. and Meinz, E. (2008). The differential impact of mothers' and fathers' discipline on preschool children's home and classroom behaviour. *North American Journal of Psychology*. **10** (1) p.p. 173 – 188.

Jeynes, W. H. (2007). The Relationship between Parental Involvement and Urban Secondary School Student Academic Achievement: A Meta-Analysis. *Urban Education*. **42** (1) p.p. 82 – 110.

Joffe, V. and Black, E. (2012). Social, emotional, and behavioral functioning of secondary school students with low academic and language performance: Perspectives from students, teachers, and parents. *Language, Speech, and Hearing Services in Schools.* **43** (4) p.p. 461 – 473.

Joseph, M., O'Connor, T., Brishman, J., Maughhan, B. and Scott. S. (2014). The Formation of Secure New Attachments by Children Who Were Maltreated: An Observational Study of Adolescences in Foster Care. *Development and Psychopathology.* **26** (1) p.p. 67 – 80

Joussemet, M., Vitaro, F., Barker, E.D., Côté, S., Nagin, D. S., Zoccolillo, M. and Tremblay, R. E. (2008). Controlling Parenting and Physical Aggression During Elementary School. *Child Development*. **79** (2) p.p. 411 – 425

Kadesjo, B. and Gilberg, C. (2001). The comorbidity of ADHD in the general population of Swedish school-age children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. **42** (4) p.p. 487 – 492

Katakis, H. (1984). *The three identities of the Greek family*. Athens: Kedros

Kauffman, J. M. (2005). *Characteristics of Emotional and Behavioral Disorders of Children and Youth.* U.S.A. Pearson Education Inc.

Kauffman, J. M. and Landrum, T. J. (2013). *Characteristics of Emotional and Behavioral Disorders of Children and Youth (10th Ed).* U.S.A. Pearson Education Inc.

Kawabata, Y., Tseng, W. L. and Crick, N. R. (2014). Adaptive, Maladaptive, Mediational, and Bidirectional Processes of Relational and Physical Aggression,

Relational and Physical Victimization, and Peer Liking. *Aggressive Behavior*. **40** (3) p.p. 273 – 287

Kay, J. (2013). Identifying and addressing EBD in the early years. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 146 – 153). Great Britain. Routledge.

Keen, D. (2007). Parents, Families, and Partnerships: Issues and considerations. *International Journal of Disability, Development and Education*. **54** (3) p.p. 339 – 349.

Khaleque, A. (2007). Parental acceptance–rejection theory: Beyond parent–child relationship. *International Society for Interpersonal Acceptance and Rejection*. **1** (1) p.p. 2 – 4.

Kikas, E. and Timoštšuk, I. (2015). Student teachers' knowledge about children with ADHD and depression and its relations to emotions. *Emotional and Behavioural Difficulties*. **2752** (1) p.p. 1 – 15

Kim, S. W. and Hill, N. E. (2015). Including Fathers in the Picture: A Meta-Analysis of Parental Involvement and Students' Academic Achievement. *Journal of Educational Psychology*. **107** (4) p.p. 919 – 934.

Kim. K. and Rohner, E. P. (2002). Parental Warmth, control, and involvement in sxhooling: Predicting Academic Achievement Among Korean American Adolescents. *Journal of Cross-Cultural Psychology*. **33** (2) p.p. 127 – 140

Kopala-Sibley, D. C. and Klein, D. N. (2017). Distinguishing types of social withdrawal in children: Internalizing and externalizing outcomes of conflicted shyness versus social disinterest across childhood. *Journal of Research in Personality*. **67** (1) p.p. 27 – 35.

Kopp, S., Beckung, E. and Gillberg, C. (2010). Developmental coordination disorder and other motor control problems in girls with autism spectrum disorder and/or attention-deficit/ hyperactivity disorder. *Research in Developmental Disabilities*. **31** (2) p.p. 350 – 361

Koritsas, S. and Iacono, T. (2015). Predictors of challenging behaviour in adults with intellectual disability. *Advances in Mental Health and Intellectual Disabilities*. **9** (6) p.p. 312 – 326

Kristoffersen, J. H. G., Obel, C. and Smith, N. (2015). Gender differences in 201ehaviour201e problems and school outcomes. *Journal of Economic Behavior and Organization*. **115** (1) p.p. 75 – 93.

Kuhn, T. (1970). *The Structure of Scientific Revolutions (2nd Ed.)* Chicago: University of Chicago Press.

Kvale, S. (1996). *Interviews*. London: SAGE

Lacey, P. (2008). *Practitioner Inquiry in Education (PIE): Examples in Practice*. GBR. University of Birmingham.

Lackaye, T. and Margalit, M. (2006). Comparisons of achievement, effort and self-perceptions among students with learning disabilities and their peers from different achievement groups. *Journal of Learning Disabilities*. **39** (5) p.p. 432 – 446

Laluvein, J. (2010). Variations on a theme: parents and teachers talking. *British Journal of Learning Support*. **25** (4) p.p. 194 – 199.

Landrum, T. J., Wiley, A. L., Tankersley, M. and Kauffman, J. M. (2014). Is EBD 'Special', and is 'Special Education' an Appropriate Response? In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 69 – 81). Great Britain. SAGE Publications.

Lansford, J. E., Deater-Deckard, K., Dodge, K. A., Bates, J. E. and Pettit, G. S. (2004). Ethnic differences in the link between physical discipline and later adolescent externalizing behaviors. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. **45** (4) p.p. 801 – 812.

Larsson, B. and Drugli, M. B. (2011). School competence and emotional/202ehaviour202e problems among Norwegian school children as rated by

teachers on the Teacher Report Form. *Scandinavian Journal of Psychology*. **52** (6) p.p. 553 – 559

Leadbetter, J. (2013). Assessing and supporting children and young people with EBD. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 138 – 145). Great Britain. Routledge.

Leung, K., Lau, S. and Lam, W. (1998). Parenting styles and academic achievement: A cross-cultural study. *Merrill-Palmer Quarterly*. **44** (1) p.p. 157 – 172

Levickis, P., Sciberras, E., McKean, C., Conway, L., Pezic, A., Mensah, F. K., Bavin, E.L., Bretherton, L., Eadie, P., Prior, M. and Reilly, S. (2017). Language and social-emotional and behavioural wellbeing from 4 to 7 years: a community-based study. *European Child and Adolescent Psychiatry*. **27** (7) p.p. 1 – 11

Lin, Y. C., Morgan, P. L., Hillemeier, M., Cook, M., Maczuga, S. and Farkas, G. (2013). Readings Mathematics and Behavioral Difficulties Interrelate: Evidence from a Cross-Lagged Panel Design and Population-Based Sample of US Upper Elementary Students. *Behavioral Disorders*. **20** (4) p.p. 212 – 227

Lindsay, G. and Dockrell, J. E. (2012) Longitudinal Patterns of Behavioral, Emotional, and Social Difficulties and Self-Concepts in Adolescents with a History of Specific Language Impairment. *Language, Speech, and Hearing Services in Schools*. **43** (4) p.p. 445 – 460

Lindsay, G., Dockrell, J. E. and Strand. S. (2007). Longitudinal patterns of behaviour problems in children with specific speech and language difficulties: Child and contextual factors. *British Journal of Educational Psychology*. **77** (4) p.p. 811 – 828

Loeber, R., Burke, J. D. and Pardini, D. A. (2009). Development and Etiology of Disruptive and Delinquent Behavior. *Annual Review of Clinical Psychology*. **5** (1) p.p. 291 – 310

Logue, J. (2009). *Including Children by Working with Parents of Children with Additional Needs*. London. A&C Black Publishers Limited.

Lonnqvist, J.N., Verkasalo, M and Vainikainen, M. P. (2011). Parent–Teacher Agreement on 7-Year-Old Children's Personality. *European Journal of Personality*. **25** (5) p.p. 306 – 316

Lubke, G. H., McArtor, D. B., Boomsma, D. I. and Bartels, M. (2017). Genetic and Environmental Contributions to the Development of Childhood Aggression. *Developmental Psychology*. **54** (1) p.p. 39 – 50

Luiselli, J. K. (2012). *The Handbook of High-Risk Challenging Behaviors in People with Intellectual and Developmental Disabilities*. United States of America. Paul H. Brookes Publishing Co.

Lundeby, H. and Tøssebro, J. (2008). Exploring the Experiences of ‘‘Not Being Listened To’’ from the Perspective of Parents with Disabled Children. *Scandinavian Journal of Disability Research*. **10** (4) p.p. 258 – 274

Lynn, S., Carroll, A., Houghton, S. and Cobham, V. (2013). Peer relations and emotion regulation of children with emotional and behavioural difficulties with and without a developmental disorder. *Emotional and Behavioural Difficulties*. **18** (3) p.p. 297 – 309.

Macleod, G. (2010). Identifying obstacles to a multidisciplinary understanding of ‘disruptive’ behaviour. *Emotional and Behavioural Difficulties*. **15** (2) p.p. 95 – 109.

Maes, B. and Grietens, H. (2004). Parent – Reported Problem Behavior Among Children with Sensory Disabilities Attending Elementary Regular Schools. *Journal of Developmental and Physical Disabilities.* **16** (4) p.p. 361 – 375.

Mano, Q. R., Jastrowski Mano, K. E., Denton, C. A., Epstein, J. N. and Tamm, L. (2017). Gender moderates association between emotional – behavioural problems and text comprehension in children with both reading difficulties and ADHD. *Psychology in the Schools*. **54** (5) p.p. 504 – 518.

Marquis, W. A., Noroña, A. N. and Baker, B. L. (2017). Developmental Delay and Emotion Dysregulation: Predicting Parent–Child Conflict Across Early to Middle Childhood. *Journal of Family Psychology*. **31** (3) p.p. 327 – 335

Snell, M. E., Luckasson, R., Borthwick-Duffy, S., Bradley, V., Buntinx, W. H. E., Coulter, D. L., Craig, E. M., Gomez, S. C., Lachapelle, Y., Reeve, A., Schalock, E. L., Shogren, K. A., Spreat, S., Tassé, M. J., Thompson, J. R., Verdugo, M. A., Wehmeyer, M. L. and Yeager, M. H. (2009). Characteristics and Needs of People with Intellectual Disability Who Have Higher IQs. *Intellectual and Developmental Disabilities*. **47** (3) p.p. 220 – 233.

Mascendaro, P. M., Herman, K. C. and Webster-Stratton, C. (2012). Parent Discrepancies in Ratings of Young Children's Co-Occurring Internalizing Symptoms. *School Psychology Quarterly*. **27** (3) p.p. 134 – 143

Masten, A. S., Roisman, G. I., Long, J. D., Burt, K. B., Obradovic, J., Riley, J. R. Boelcke-Stennes, K. and Tellegen, A. (2005). Developmental Cascades: Linking Academic Achievement and Externalizing and Internalizing Symptoms Over 20 Years. *Developmental Psychology*. **41** (5) p.p. 733 – 746

Matson J. L., Belva B. C., Hattier M. A. and Matson M. L. (2012) Scaling methods to measure psychopathology in persons with intellectual disabilities. *Research in Developmental Disabilities.* **33** (2) p.p. 549 – 562.

Matson, J. L. and Rivet, T. T. (2008). Characteristics of challenging behaviours in adults with autistic disorder, PDD-NOS, and intellectual disability. *Journal of Intellectual and Developmental Disability*. **33** (4) p.p. 323 – 329.

Matson, J. L. and Shoemaker, M. (2009). Intellectual disability and its relationship to autism spectrum disorders. *Research in Developmental Disabilities*. **30** (6) p.p. 1107 – 1114

Mattison, R. E. (2004). Psychiatric and Psychological Assessment of Emotional and Behavioral Disorders during School Mental Health Consultation. In R. Rutherford, M. Quinn and S. Mathur (Eds), *Handbook of Research on Emotional and Behavioral Disorders* (p.p. 163 – 180). U.S.A: Guilford Press.

Maughan, B. and Carroll J.M. (2006). Literacy and mental disorders. *Current Opinion in Psychiatry*. **19** p.p. 350 – 355

McCarthy, J., Hemmings, C., Kravariti, E., Dworzynski, K., Holt, G., Bouras, N. and Tsakanikos, E. (2010). Challenging behavior and co-morbid psychopathology in adults with intellectual disability and autism spectrum disorders. *Research in Developmental Disabilities*. **31** (2) p.p. 362 – 366

McCreery, M. (2016). Temperament as a Behavioral Construct: Assessing the Classroom Environment and Student–Teacher Relationship. *Intervention in School and Clinic*. **51** (4) p.p. 238 – 243

McGrath, K. F. and Sinclair, M. (2013). More male primary-school teachers? Social benefits for boys and girls. *Gender and Education*. **25** (5) p.p. 531 – 547

McGrath, K. F. and Van Bergen, P. (2017). Are male teachers headed for extinction? The 50-year decline of male teachers in Australia. *Economics of Education Review*. **60** p.p. 159 – 167.

McKinney, C. and Milone, M. C. (2012). Parental and Late Adolescent Psychopathology: Mothers May Provide Support When Needed Most. *Child Psychiatry and Human Development*. **43** (5) p.p. 747 – 760

McLauglin, K. A., Hilt, L. M., and Nolen-Hoeksema, S. (2007). Racial/ethnic differences in internalizing and externalizing symptoms in adolescents. *Journal of Abnormal Child Psychology*. **35** (5) p.p. 801 – 816.

McNiff, J. (1996). *You and Your Action Research Project*. London. RoutledgeFalmer.

Miller, A., Ferguson, E. and Moore, E. (2000). Parents' and pupils' causal attributions for difficult classroom behaviour. *British Journal of Educational Psychology*. **72** (1) p.p. 27 – 40.

Ministry of Education and Culture (MOEC) (2016). Department of Primary Education [online]. Cyprus. Available from: < http://www.moec.gov.cy/dde/en/promotion.html> [Accessed on 27/05/2016]

Ministry of Finance (MOF) (2018). Primary Education, 2015/2016. Cyprus. Available from: <http://www.mof.gov.cy/mof/cystat/statistics.nsf/populationcondition_24main_en/populationcondition_24main_en?OpenForm&sub=4&sel=2> [Accessed on 06th July, 2018]

Missiuna, C., Cairney, J., Pollock, N., Campbell, W., Russell, D. J., Macdonald, K., Schmidt, L. Heath, N., Veldhuizen, S. and Cousins M. (2014). Psychological distress in children with developmental coordination disorder and attention-deficit hyperactivity disorder. *Research in Developmental Disabilities.* **35** (5) p.p. 1198 – 1207.

Missiuna, C., Moll, S., King, G., Stewart, D. and MacDonald, K. (2008). Life experiences of young adults who have coordination difficulties. *Canadian Journal of Occupational Therapy*. **75** (3) p.p. 157 – 166.

Moffitt, T. E. and Caspi, A. (2001). Childhood predictors differentiate life-course persistent and adolescent-limited antisocial pathways, among males and females. *Development and Psychopathology*. **13** (2) p.p. 355 – 375.

Moller, E. L., Majdandzic, M., de Vente, W. and Bogels, S. M. (2013). The evolutionary basis of sex differences in parenting and its relationship with child anxiety in Western societies. *Journal of Experimental Psychopathology* . **4** (1) p.p. 88 – 117.

Morgan, P. L. and Sideridis, G. D. (2013). Academic and Behavioral Difficulties at School: Introduction to the Special Issue. *Behavioral Disorders*. **38** (4) p.p. 193 – 200.

Morris, T. L. and Oosterhoff, B. (2016). Observed Mother and Father Rejection and Control: Association With Child Social Anxiety, General Anxiety, and Depression. *Journal of Child and Family Studies*. **25** (9) p.p. 2904 – 2914.

Moltafet, M., Sadat Sadati Firoozabadi, S. and Pour-Raisi, A. (2018). Parenting Style, Basic Psychological Needs, and Emotional Creativity: A Path Analysis. *Creativity Research Journal*. **30** (2) p.p. 187 – 194

Morris, A. S., Silk, J. S., Steinberg, L., Meyers, S. S. and Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development*. **16** (2) p.p. 361 – 388

Morrow, G. and Malin, N. (2004). Parents and professionals working together: Turning the rhetoric into reality. *Early Years: An International Journal of Research and Development.* **24** (2) p.p. 163 – 177.

Nash, P., Schlösser, A. and Scarr, T. (2016). Teachers' perceptions of disruptive behaviour in schools: a psychological perspective. *Emotional and Behavioural Difficulties.* **21** (2) p.p. 167 – 180.

National Centre for Learning Disabilities (2016). A Comprehensive Resource Guide about Learning Disabilities for the Pediatric Professional Community and Parents [online]. USA. New York. Available from: <http://ldnavigator.ncld.org/#/ld-defined/specific-learning> [Accessed on 20th January 2016]

Neece, C. L., Baker, B. L., Blacher, J. and Crnic, K. A. (2011). Attention-deficit/hyperactivity disorder among children with and without intellectual disability: an examination across time. *Journal of Intellectual Disability Research*. **55** (7) p.p. 623 – 635.

Neece, C. L., Green, S. A. and Baker, B. L. (2012). Parenting stress and child behavior problems: A transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities.* **117** (1) p.p. 48 – 66

Nelson, J. and Harwood, H. R. (2011). A Meta-Analysis of Parent and Teacher Reports of Depression Among Students with Learning Disabilities: Evidence for the Importance of Multi-Informant Assessment. *Psychology in the Schools*. **48** (4) p.p. 371 – 384

Neves Nunes, S. A., Xavier Faraco, A. M., Luis Vieira, M. and Rubin, K. H. (2013). Externalizing and Internalizing Problems: Contributions of Attachment and Parental Practices. *Psicologia: Reflexão e Crítica*. **26** (3) p.p. 617 – 625

O'Regan, F. (2014). *Successfully Managing ADHD: A Handbook for SENCOs and Teachers.* United Kingdom. Routledge.

Odgers, C. L., Moffitt, T. E., Broadbent, J. M., Dickson, N., Hancox, R. J., Harrington, H., Poulton, R., Sears, M. R., Thomson, W. M. and Caspi, A. (2008). Female and male antisocial trajectories: From childhood origins to adult outcomes. *Development and Psychopathology*. **20** (2) p.p. 673 – 716.

Olson, S. L., Sameroff, A. J., Lansford, J. E., Sexton, H., Davis-Kean, P., Bates, J. E. and Dodge, K. A. (2013). Deconstructing the externalizing spectrum: Growth patterns of overt aggression, covert aggression, oppositional behaviour, impulsivity/inattention, and emotion dysregulation between school entry and early adolescence. *Development and Psychopathology*. **25** (3) p.p. 817 – 842.

O'Riordan, Z. (2015). Building productive relationships with young people with SEBD in transition: the role of identity. *Emotional and Behavioural Difficulties*. **20** (4) p.p. 415 – 431.

Ostrov, J. M. and Bishop, C. M. (2008). Preschoolers' aggression and parent–child conflict: A multiinformant and multimethod study. *Journal of Experimental Child Psychology*. **99** (4) p.p. 309 – 322

Panda, G. (2015). Maternal Involvement in Everyday Schooling: A Micro Study. *Indian Journal of Gender Studies*. **22** (2) p.p. 219 – 242

Pandolfi, V., Magyar, C. I. and Dill, C. A. (2012). An initial psychometric evaluation of the CBCL 6–18 in a sample of youth with autism spectrum disorders. *Research in Autism Spectrum Disorders.* **6** (1) p.p. 96 – 108.

Paquet, A., Olliac, B., Golse, B. and Vaivre-Douret, L. (2018). Nature of motor impairments in autism spectrum disorder: A comparison with developmental coordination disorder. *Journal of Clinical and Experimental Neuropsychology*. DOI: 10.1080/13803395.2018.1483486

Parua, R.K. and Kasum (2010). A study of teachers view / perceptions with regard to learning capacity and problems with special needs in inclusive education setting. *International Journal of Education and Allied Sciences*. **2** (2) p.p. 119 – 124.

Pavlidis, G. Th. and Giannouli, V. (2014). Linking ADHD – Dyslexia and Specific Learning Difficulties. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 221 – 235). Great Britain. SAGE Publications.

Perle, J. G., Levine, A. B., Odland, A. P. Ketterer, J. L. and Cannon, M. A. (2013). The Association Between Internalizing Symptomology and Risky Behaviors. *Journal of Child and Adolescent Substance Abuse*. **22** (1) p.p. 1 – 24

Petty, J. L., Bacarese-Hamilton, M., Davies, L. E. and Oliver, C. (2014). Correlates of self-injurious, aggressive and destructive behaviour in children under five who are at

risk of developmental delay. *Research in Developmental Disabilities*. **35** (1) p.p. 36 – 45

Philip, L. (1998). Combining quantitative and qualitative approaches to social research in human geography – an impossible mixture? *Environment and Planning*. **30** (2) p.p. 261 – 276

Piek, J. P., Bradbury, G. S., Elsley, S. C. and Tate, L. (2008). Motor Coordination and Social–Emotional Behaviour in Preschool-aged Children. *International Journal of Disability, Development and Education.* **55** (2) p.p. 143 – 151.

Pingault, J. B., Rijsdijk1, F., Zheng, Y., Plomin, R. and Viding, E. (2015). Developmentally dynamic genome: Evidence of genetic influences on increases and decreases in conduct problems from early childhood to adolescence. *Scientific Reports*. **5** (1) p.p. 1 – 9

Place, M. and Elliott, J. (2014). The Importance of 'E' in 'EBD'. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 83 – 93). Great Britain. SAGE Publications.

Polloway, E. A. (2006). Mild Mental Retardation: A concept in search of clarity, a population in search of appropriate education and supports, a profession in search of advocacy. *Exceptionality*. **14** (4) p.p.183 – 189.

Polloway, E. A., Patton, J. R. and Nelson, M. A. (2011). Intellectual and Developmental Disabilities. In James M. Kauffman and Daniel P. Hallahan (Eds) *The Handbook of Special Education* (p.p. 175 – 186). United States of America. Routledge

Pomerantz, E. M. and Dong, W. (2006). Effects of Mothers' Perceptions of Children's Competence: The Moderating Role of Mothers' Theories of Competence. *Developmental Psychology*. **42** (5) p.p. 950 – 961

Poulou, M. S. (2005). The Prevention of Emotional and Behavioral Difficulties in Schools: Teachers' suggestions. *Educational Psychology in Practice*. **21** (1) p.p. 37 – 52.

Poulou, M. S. (2013). Emotional and Behavioural Difficulties in Preschool. Journal of Child and Family Studies. [online]. Springer International Publishing AG. Available from: <http://link.springer.com/10.1007/s10826-013-9828-9> [Accessed on 01/10/2014]

Poulou, M. S. (2015). Emotional and Behavioural Difficulties in Preschool. *Journal of Child and Family Studies*. **24** (2) p.p. 225 – 236

Pratt, M. L. and Hill, E. L. (2011). Anxiety profiles in children with and without developmental coordination disorder. *Research in Developmental Disabilities*. **32** (4) p.p. 1253 – 1259.

Priddis, L. and Howieson. H. D. (2012). Insecure Attachment Patterns at Five Years. What Do They Tell Us? *Early Child Development and Care.* **182** (1) p.p. 45 – 48

Puff, J. and Renk, K. (2014). Relationships Among Parents' Economic Stress, Parenting, and Young Children's Behavior Problems. C*hild Psychiatry and Human Development*. **45** (6) p.p. 712 – 727

Pullen, P. C., Lane, H. B., Ashworth, K. E. and Lovelace, S. P. (2011). Learning Disabilities. In James M. Kauffman and Daniel P. Hallahan (Eds) *The Handbook of Special Education* (p.p. 187 – 197). United States of America. Routledge.

Reay, D. (1995). A silent Majority? Mothers in Parental Involvement. *Women's Studies International Forum*. **18** (3) p.p. 337 – 348

Reay, D. (1998). *Class work: Mothers' involvement in their children's primary schooling*. London: UCL Press Limited.

Reed, P. and Osborne, L. A. (2013). The Role of Parenting Stress in Discrepancies Between Parent and Teacher Ratings of Behavior Problems in Young Children with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*. **43** (2) p.p. 471 – 477.

Reef, J., Diamantopoulou, S., van Meurs, I., Verhulst, F. and van der Ende, J. (2010). Predicting adult emotional and behavioral problems from externalizing problem

trajectories in a 24-year longitudinal study. *European Child and Adolescent Psychiatry*. **19** (7) p.p. 577 – 585

Reising, M. M., Watson, K. H., Hardcastle, E. J., Merchant, M. J., Roberts, L., Forehand, R. and Compas, B. E. (2013). Parental Depression and Economic Disadvantage: The Role of Parenting in Associations with Internalizing and Externalizing Symptoms in Children and Adolescents. *Journal of Child and Family Studies*. **22** (3) p.p. 335 – 343.

Rentzou, K. (2016). Mapping Gender Segregation in Pre-Primary and Primary Education in Cyprus. *Journal of Men's Studies*. **25** (2) p.p 198 – 219

Repetti, R. L., Taylor, S. E. and Seeman, T. E. (2002). Risky Families: Family Social Environments and the Mental and Physical Health of Offspring. *Psychological Bulletin*. **128** (2) p.p. 330 – 366

Rescorla, L. A., Achenbach, T. M., Ivanova, M. Y., Bilenberg, N., Bjarnadottir, G., Denner, G., Dias, P., Dobrean, A., Döpfner, M., Frigerio, A., Gonçalves, M., Guðmundsson, H., Jusiene, R., Kristensen, S., Lecannelier, F., Leung, P.W . L., Liu, J., Löbel, S. P., Machado, B. C., Markovic, J., Mas, P. A., Esmaeili, E. M., Montirosso, R., Plück, J., Pronaj, A. A., Rodriguez, J. T., Rojas, P. O., Schmeck, K., Shahini, M., Silva, J. R., van der Ende, J., and Verhulst, F. C. (2012). Behavioral/Emotional Problems of Preschoolers: Caregiver/Teacher Reports From 15 Societies. *Journal of Emotional and Behavioral Disorders.* **20** (2) p.p. 68 – 81.

Rescorla, L. A., Achenbach, T.M., Ginzburg, S., Ivanova, M. A., Dumenci, L., Almqvist, F., Bathiche, M., Bilenberg, N., Bird, H., Domuta, A., Erol, N., Fombonne, E., Fonseca, A., Frigerio, A., Kanbayashi, Y., Lambert, M. C., , Liu, X., Leung, P. W. L., Minaei, A., Roussos, A., Simsek, Z., Weintraub, S., Weisz, J., Wolanczyk, T., Zubrick, S. R., Zukauskiene, R. and Verhulst, F. C. (2007). Consistency of Teacher – Reported Problems for Students in 21 Countries. *School Psychology Review*. **36** (1) p.p. 91 – 110

Rescorla, L. A., Bochicchio , L., Achenbach, T.M., Ivanova, M. A., Almqvist, F., Begovac, I., Bilenberg, N., Bird, H., Dobrean, A., Erol, N., Fombonne, E., Fonseca, A., Frigerio, A., Fung D. S. S., Lambert, M. C., Leung, P. W. L., Liu, X., Marković, I., Markovic, J., Minaei, A., Ooi, Y. P., Roussos, A., Rudan, V., Simsek, Z., van der Ende, J., Weintraub, S., Wolanczyk, T., Woo, B., Weiss, B., Weisz, J., Zukauskiene, R. and Verhulst, F. C. (2014). Parent–Teacher Agreement on Children's Problems in 21 Societies. *Journal of Clinical Child and Adolescent Psychology*. **43** (4) p.p. 627 – 642

Rescorla, L. Achenbach, T. M., Ivanova, M. Y., Dumenci, L., Almqvist, F., Bilenberg, N., Bird, H., Broberg, A., Dobrean, A., Döpfner, M., Erol, N., Forns, M., Hannesdottir, H., Kanbayashi, Y., Lambert, M. C., Leung, P., Minaei, A., Mulatu, M. S., Novik, T. S., Oh, K. J., Roussos, A., Sawyer, M., Simsek, Z., Steinhausen, H. C., Weintraub, S., Metzke, C. W., Wolanczyk, T., Zilber, N., Zukauskiene, R. and Verhulst, F. (2007a). Epidemiological Comparisons of Problems and Positive Qualities Reported by Adolescents in 24 Countries. *Journal of Consulting and Clinical Psychology.* **75** (2) p.p. 351 – 358

Rettew, D., van Oort, F., Verhulst, F., Buitelaar, J., Ormel, J., Hartman, C., and Hudziak, J. (2011). When parent and teacher ratings don't agree: The tracking adolescents' individual lives survey (TRAILS). *Journal of Child and Adolescent Psychopharmacology*. **21** p.p. 389-397

Riddick, B. (2012). Labelling learners with 'SEND': the good, the bad and the ugly. In D. Armstrong and G. Squires (Eds) *Contemporary Issues in Special Educational Needs: Considering the Whole Child* (p.p. 25 – 47). England. Open University Press.

Riina, E. M., Martin, A. and Brooks-Gunn, J. (2014). Parent-to-child physical aggression, neighbourhood cohesion, and development of children's internalizing and externalizing. *Journal of Applied Developmental Psychology*. **35** (6) p.p. 468 – 477

Roberts, C., Mazzucchelli, T., Taylor, K. and Reid, R. (2003). Early Intervention for Behaviour Problems in Young Children with Developmental Disabilities. *International Journal of Disability, Development and Education*. **50** (3) p.p. 275 – 292

Robson, C. (2011). *Real World Research (3nd Ed.).* Great Britain. John Wiley & Sons Ltd.

Rodrigues Sequeira de Figueiredo, C. and Valadão Dias, F. (2012). Families: Influences in Children's Development and Behaviour, From Parents and Teachers' Point of View. *Psychology Research*. **2** (12) p.p. 693 – 705

Rogers, M., Bélanger-Lejars, V., Toste, J. R. and Heath, N. L. (2015). Mismatched: ADHD symptomatology and the teacher–student relationship. *Emotional and Behavioural Difficulties*. **20** (4) p.p. 333 – 348

Rojahn, J., Rowe, E. W., Sharber, A. C., Hastings, R., Matson, J. L., Didden, R., Kroes, D. B. H. and Dumont, E. L. M. (2012). The Behavior Problems Inventory-Short Form for individuals with intellectual disabilities: Part II: reliability and validity. *Journal of Intellectual Disability Research*. **56** (5) p.p. 546 – 565

Roussos, A., Karantanos, G., Richardson, C., Hartman, C., Karajiannis, D., Kyprianos, S., Lazaratou, H., Mahaira, O., Tassi, M. and Zoubou, V. (1999). Achenbachs's Child Behavior Checklist and Teachers' Report Form in a normative sample in Greek children 6 – 12 years old. *European Child and Adolescent Psychiatry*. **8** (3) p.p. 165 – 172.

Royer, E. (2013). Training and Professional development for educators working with children and young children with EBD. A personal checklist for Educators. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties* (p.p. 322 – 329) Great Britain. Routledge.

Ru Loh, P., Piek, L. P. and Barrett, N. C. (2011). Comorbid ADHD and DCD: Examining cognitive functions using the WISC-IV. *Research in Developmental Disabilities.* **32** (4) p.p. 1260 – 1269.

Rubin, K. H., Coplan, R. J. and Bowker, J. C. (2009). Social Withdrawal in Childhood. *Annual Review of Psychology*. **60** (1) p.p. 141 – 171.

Ruddick, L., Davies, L., Bacarese – Hamilton, M. and Oliver, C. (2015). Self-injurious, aggressive and destructive behaviour in children with severe intellectual disability: Prevalence, service need and service receipt in the UK. *Research in Developmental Disabilities*. **45 – 46** p.p. 307 – 315.

Ruiz-Ortiz. R., Braza, P., Carreras, R. and Muñoz, J. M. (2017). Differential Effects of Mother's and Father's Parenting on Prosocial and Antisocial Behavior: Child Sex Moderating. *Journal of Child and Family Studies*. **26** (8) p.p. 2182 – 2190

Ryan, R. M. and Claessens, A. (2012). Associations Between Family Structure Changes and Children's Behavior Problems: The Moderating Effects of Timing and Marital Birth. *Developmental Psychology*. **49** (7) p.p. 1219 – 1231

Ryan, S. and Runswich – Cole, K. (2008). Repositioning Mothers: mothers, disabled children and disability studies. *Disability and Society*. **23** (3) p.p. 199 – 210.

Savina, E., Coulacoglou, C., Sanyal, N. and Zhang, J. (2012). The study of externalizing and internalizing behaviours in Greek, Russian, Indian, and Chinese children using the Fairy Tale Test. *School Psychology International*. **33** (1) p.p. 39 – 53

Schleider, J. L., Schroder, H. S., Lo, S. L., Fisher, M., Danovitch, J. H., Weisz, J. R. and Moser, J. S. (2016). Parents' Intelligence Mindsets Relate to Child Internalizing Problems: Moderation Through Child Gender. *Journal of Child and Family Studies*. **25** (12) p.p. 3627 – 3636

Schwandt, T. (2007). *Dictionary of Qualitative Inquiry* (3rd Ed.). Thousand Oaks. CA: Sage

Sellman, E. (2009). Lessons learned: student voice at a school for pupils experiencing social, emotional and behavioural difficulties. *Emotional and Behavioural Difficulties*. **14** (1) p.p. 33 – 48

Sheng, X. (2012). Cultural capital and gender differences in parental involvement in children's schooling and higher education choice in China. *Gender and Education.* **24** (2) p.p. 131 – 146.

Shuffelton, A. (2017). Parental Involvement and Public Schools: Disappearing Mothers in Labor and Politics. *Studies in Philosophy and Education*. **36** (1) p.p. 21 – 32.

Sierra, A. V., Belmont, J. N. A., Pérez, A. D. P. and García, D. M. (2015). Intervención interactiva en los problemas de comportamiento infantil. *Acta Colombiana de Psicología*. **18** (1) p.p. 149 – 157

Simmons, R. *(*2008). Into the field: Questionnaires. In N. Gilbert (Ed) *Researching Social Life (3rd Ed)* (p.p. 182 – 205). Great Britain. SAGE Publications Inc

Skinner, E., Johnson, S. and Snyder, T. (2005). Six dimensions of parenting: A motivational model. *Parenting: Science and Practice*. **5** (2) p.p. 175 – 235

Slater, R. (2007). Attachment: Theoretical Development and Critique. *Educational Psychology in Practice*. **23** (3) p.p. 205 – 219

So, P., Greaves – Lord, C., van der Ende, J., Verhulst, F. C., Rescorla, L. and de Nijs, P. FA (2012). Using the Child Behavior Checklist and the Teacher's Report Form for identification of children with autism spectrum disorders. *Autism: The International Journal of Research and Practice*. **17** (5) p.p. 595 – 607

Social Science Statistics (2018). Statistics Calculators [online] Available from: <http://www.socscistatistics.com/tests/Default.aspx> [accessed on 06th July, 2018]

Sointu, E. T., Savolainen, H., Lappalainen, K. and Epstein, M. H. (2012). Parent, Teacher and Student Cross Informant Agreement of Behavioral and Emotional

Strengths: Students With and Without Special Education Support. *Journal of Child and Family Studies.* **21** p.p. 682 – 690

Soles, T. G. and Roberts, E. (2014). Psychologists in the Schools: Perceptions of Their Role in Working with Children with Emotional and Behavioral Disorders. In P. Garner, J. M. Kauffman and J. Elliott (Eds) *The SAGE Handbook of Emotional and Behavioral Difficulties (2nd Ed)* (p.p. 251 – 262). Great Britain. SAGE Publications.

Soles, T., Bloom, E.L., Heath, N. L. and Karagiannakis, A. (2008). An exploration of teachers' current perceptions of children with emotional and behavioural difficulties. *Emotional and Behavioral Difficulties*. **13** (4) p.p. 275 – 290.

Soodak, L.C., Podell, D. M. and Lehman, L. R. (1998). Teacher, student, and school attributes as predictors of teachers' responses to inclusion. *Journal of Special Education*. **31** (4) p.p. 480 – 496.

Spicer, N. (2008). Combining qualitative and quantitative methods. In N. Seale (Ed), *Researching Society and Culture* (p.p. 293 – 303). Great Britain: SAGE

Srsic, A. and Hess Rice, E. (2012). Understanding the Experience of Girls with EBD in a Gender-Responsive Support Group. *Education and Treatment of Children*. **35** (4) p.p. 623 – 646

St Clair, M. C., Pickles, A., Durkin, K. and Conti-Ramsden, G. (2011). A longitudinal study of behavioral, emotional and social difficulties in individuals with a history of specific language impairment (SLI). *Journal of Communication Disorders*. **44** (2) p.p. 186 – 199

Staples, K. E. and Diliberto, J. A. (2010). Guidelines for Successful Parent Involvement: Working with Parents of Students with Disabilities. *TEACHING Exceptional Children.* **42** (6) p.p. 58 – 63.

Stein, K. F., Connors, E. H., Chambers, K. S., Thomas, C. L. and Stephan, S. H. (2016). Youth, Caregiver, and Staff Perspectives on an Initiative to Promote Success of Emerging Adults with Emotional and Behavioral Disabilities. *The Journal of Behavioral Health Services and Research*. **43** (4) p.p. 582 – 596.

Stoutjesdijk, R., Scholte, E. V. and Swaab, H. (2016). Impact of Family Functioning on Classroom Problem Behavior of Children With Emotional and Behavioral Disorders in Special Education. *Journal of Emotional and Behavioral Disorders*. **24** (4) p.p. 199 – 210.

Stratis, E. A. and Lecavalier, L. (2017). Predictors of Parent–Teacher Agreement in Youth with Autism Spectrum Disorder and Their Typically Developing Siblings. *Journal of Autism and Developmental Disorders*. **47** (8) p.p. 2575 – 2585

Sugden, D. A. and Wade, M. G. (2013). *Typical and atypical motor development: Clinics in developmental medicine* (p. 386). England: Mac Keith Press.

Sugden, D., Kirby, A. and Dunford, C. (2008). Issues Surrounding Children with Developmental Coordination Disorder. *International Journal of Disability, Development and Education.* **55** (2) p.p. 173 – 187

Sumner, E., Leonard, H. C. and Hill. E. L. (2016). Overlapping Phenotypes in Autism Spectrum Disorder and Developmental Coordination Disorder: A Cross-Syndrome Comparison of Motor and Social Skills. *Journal of Autism and Developmental Disorders*. **46** (8) p.p. 2609 – 2620

Swinson, J. and Knight, R. (2007). Teacher Verbal Feedback Directed Towards Secondary Pupils with Challenging Behaviour and its Relationship to their Behaviour. *Educational Psychology in Practice.* **23** (3) p.p. 241 – 255

Tackett, J. L., Daoud, S.L.S.B. De Bolle, M. and Burt, S. A. (2013). Is Relational Aggression Part of the Externalizing Spectrum? A Bifactor Model of Youth Antisocial Behavior. *Aggressive Behavior*. **39** (2) p.p. 149 – 159.

Tassé, M. J., Luckasson, R. and Nygren, M. (2013). AAIDD Proposed Recommendations for ICD–11 and the Condition Previously Known as Mental Retardation. *Intellectual and Developmental Disabilities*. **51** (2) p.p. 127 – 131.

Taylor – Brown, M. (2012). How did young people identified as presenting with social, emotional and behavioural difficulties experience a person-centered transition review meeting. *Educational and Child Psychology*. **29** (3) p.p. 54 – 66.

Terras, M., Thompson, L. and Minnis, H. (2009). Dyslexia and psycho-social functioning: An exploratory study of the role of self-esteem and understanding. *Dyslexia*. **15** (4) p.p. 304 – 327.

Thompson, M. J. J., Brooke, X. M., West, C. A., Johnson, H. R., Bumby, E. J., Brodrick, P., Pepe, G., Laver-Bradbury, C. and Scott, N. (2004). Profiles, co-morbidity and their relationship to treatment of 191 children with AD/HD and their families. *European Child Adolescent Psychiatry*. **13** (4) p.p. 234 – 242

Thompson, R. A., and Meyer, S. (2007). Socialization of emotion regulation in the family. In J. J. Gross (Ed.), *Handbook of Emotion Regulation* (p.p. 249 – 268). New York, NY: The Guilford Press.

Tommerdahl, J. (2009). What teachers of students with SEBD need to know about speech and language difficulties. *Emotional and Behavioural Difficulties*. **14** (1) p.p. 19 – 31

Totsika, V., Hastings, R. P. Emerson, E., Lancaster, G. A. and Berridge, D. M. (2011). A population-based investigation of behavioural and emotional problems and maternal mental health: associations with autism spectrum disorder and intellectual disability. *Journal of Child Psychology and Psychiatry*. **52** (1) p.p. 91 – 99

Trauner, D. A. (2015). Behavioral correlates of epileptiform abnormalities in autism. *Epilepsy and Behavior*. **47** p.p. 163 – 166

Treutler, M. C. and Epkins, C. C. (2003). Are Discrepancies Among Child, Mother, and Father Reports on Children's Behavior Related to Parents' Psychological Symptoms *and* Aspects of Parent-Child Relationships? *Journal of Abnormal Child Psychology*. **31** (1) p.p. 13-27.

Trzesniewski, K. H., Moffitt, T. E., Caspi, A., Taylor, A. and Maughan, B. (2018). Revisiting the Association Between Reading Achievement and Antisocial Behavior: New Evidence of an Environmental Explanation From a Twin Study. *Child Development*. **77** (1) p.p. 72 – 88

Tsiouris, J. A., Kim, S. Y., Brown, W. T. and Cohen, I. L. (2011). Association of aggressive behaviours with psychiatric disorders, age, sex and degree of intellectual disability: A large-scale survey. *Journal of Intellectual Disabilities Research*. **55** (7) p.p. 636 – 649.

Ung, D., Boone, D. M., McBride, N., Howie, F. Scalli, L. and Storch, E. A. (2017). Parent and Teacher Agreement of Behavior Problems in Youth Diagnosed with and Without Autism Spectrum Disorders. *Journal of Family Studies*. **26** (3) p.p. 370 – 380

Vaillancourt, T., Brittain, H. L., McDougall, P. and Duku, E. (2013). Longitudinal Links Between Childhood Peer Victimization, Internalizing and Externalizing Problems, and Academic Functioning: Developmental Cascades. *Journal of Abnormal Child Psychology*. **41** (8) p.p. 1203 – 1215

Vaillancourt, T., Haltigan, J. D., Smith, I., Zwaigenbaum, L., Szatmari, P., Fombonne, E., Waddell, C., Duku, E., Mirenda, Pat, M., Georgiades, S., Bennett, T., Volden, J., and Elsabbagh, M. (2017). Joint trajectories of internalizing and externalizing problems in preschool children with autism spectrum disorder. *Development and Psychopathology*. **29** (1) p.p. 203 – 214

van der Ende, J., Verhulst, F. C. and Tiemeier, H. (2012). Agreement of Informants on Emotional and Behavioral Problems from Childhood to Adulthood. *Psychological Assessment*. **24** (2) p.p. 293 – 300

van der Heuvel, M., Jansen, E.M.C. D., Reijneveld, S. A., Flapper., C.T.B. and Smits-Engelsman, C. M. B. (2016). Identification of emotional and behavioral problems by teachers in children with developmental coordination disorder in the school community. *Research in Developmental Disabilities*. 51 – 52 (**1**) p.p. 40 – 48

van der Sluis, C. M., Francisca J. A. van Steensel, F. J. A. and Bögels, S. M. (2015). Parenting and Children's Internalizing Symptoms: How Important are Parents? *Journal of Child and Family Studies*. **24** (12) p.p. 3652 – 3661

van der Sluis, S., Polderman, T. J. C., Neale, M.C. Verhulst, F. C., Posthuma, D. and Dieleman, G. C. (2017). Sex differences and gender-invariance of mother-reported childhood problem behaviour. *International Journal of Methods in Psychiatric Research.* **26** (1) p.p. 1 – 15

van der Voort, A., Linting, M., Juffer, F., Bakermans-Kranenburg, M. J., Schoenmaker, C. and van Ijzendoorn, M. H. (2014). The Development of Adolescents' Internalizing Behavior: Longitudinal Effects of Maternal Sensitivity and Child Inhibition. *Journal of Youth and Adolescence*. **43** (4) p.p. 528 – 540

Vaughn, S. and Bos, C. S. (2002). *Strategies for teaching students with learning and behavior problems* (5th Ed). Boston, MA: Allyn and Bacon.

Vincent, C. (2017). 'The children have only got one education and you have to make sure it's a good one': parenting and parent–school relations in a neoliberal age. *Gender and Education*, **29** (5) p.p. 541 – 557

Wade, M. G. and Kazeck, M. (2018). Developmental coordination disorder and its cause: The road less travelled. *Human Movement Science*. **57** p.p. 489 – 500

Wagner, M. O., Bös, K., Jascenoka, J., Jekauc D. and Petermann F. (2012). Peer problems mediate the relationship between developmental coordination disorder and behavioral problems in school-aged children. *Research in Developmental Disabilities*. **33** (6) p.p. 2072 – 2079

Warin, J. and Gannerud, E. (2014). Gender, teaching and care: a comparative global conversation. *Gender and Education*. **26** (3) p.p. 193 – 199

Webber, L. (2017). A school's journey in creating a relational environment which supports attachment and emotional security. *Emotional and Behavioural Difficulties*. **22** (4) p.p. 317 – 331.

Wehmeier, P. M., Schacht, A. and Barkley, P. A. (2010). Social and Emotional Impairment in Children and Adolescents with ADHD and the Impact on Quality of Life. *Journal of Adolescent Health*. **46** (3) p.p. 209 – 217

Wei, X., Yu, J. W. and Shaver, D. (2014). Longitudinal Effects of ADHD in Children With Learning Disabilities or Emotional Disturbances. *Exceptional Children.* **80** (2) p.p. 205 – 219.

Weisberg, R., Krosnick, J. A. and Bowen, B. D. (1996). *An Introduction to Survey Research, Polling, and Data Analysis (3rd Ed).* Thousand Oaks. CA: Sage

Wilcutt, E. G., Betjemann, R. S., Pennington, B. F., Olson, R. K., DeFries, J. C. and Willmann, M. (2013). The Challenge of Inclusion: A Full Continuum model of educational provision for children with EBD in Germany. In T. Cole, H. Daniels and J. Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties*. (p.p. 75 – 83) Great Britain. Routledge.

Willmann, M. (2013). The Challenge of Inclusion: A Full Continuum model of educational provision for children with EBD in Germany. In T. Cole, H. Daniels and J.

Visser (Eds) *The Routledge International Companion to Emotional and Behavioural Difficulties*. (p.p. 75 – 83) Great Britain. Routledge.

Willner, C. J., Gatzke-Kopp, L. M. and Bray, B. C. (2016). The dynamics of internalizing and externalizing comorbidity across the early school years. *Development and Psychopathology*. **28** (4) p.p. 1033 – 1052

Wood, S. C. (2012). Examining Parent and Teacher Perceptions of Behaviors Exhibited by Gifted Students Referred for ADHD Diagnosis Using the Conners 3 (An Exploratory Study) *Roeper Review*. **34** (3) p.p. 194 – 204

Woodcock, S. and Hitches, E. (2017). Potential or problem? An investigation of secondary school teachers' attributions of the educational outcomes of students with specific learning difficulties. *Annuals of Dyslexia*. **67** (3) p.p. 299 – 317

Yew, S. G. and O'Kearney, R. (2013). Emotional and behavioural outcomes later in childhood and adolescence for children with specific language impairments: meta-analyses of controlled prospective studies. *Journal of Child Psychology and Psychiatry*. **54** (5) p.p. 516 – 524

Yin, R. K. (2009). *Case-Study research: Design and Methods* (4th Ed). Thousand Oaks. CA. SAGE

Yip, V. T., Ang, R. P., Ooi, Y. P., Fung, D. S. S., Mehrotra, K., Sung, M. and Lim, C. G. (2013). The Association between Attention Problems and Internalizing and Externalizing Problems: The Mediating Role of Peer Problems. *Child and Youth Care Forum*. **42** (6) p.p. 571 – 584.

Zahn-Waxler, C., Shirtcliff, E.A. and Marceau, K. (2008). Disorders of Childhood and Adolescence: Gender and Psychopathology. *The Annual Review of Clinical Psychology*. **4** (1) p.p. 275 – 303.

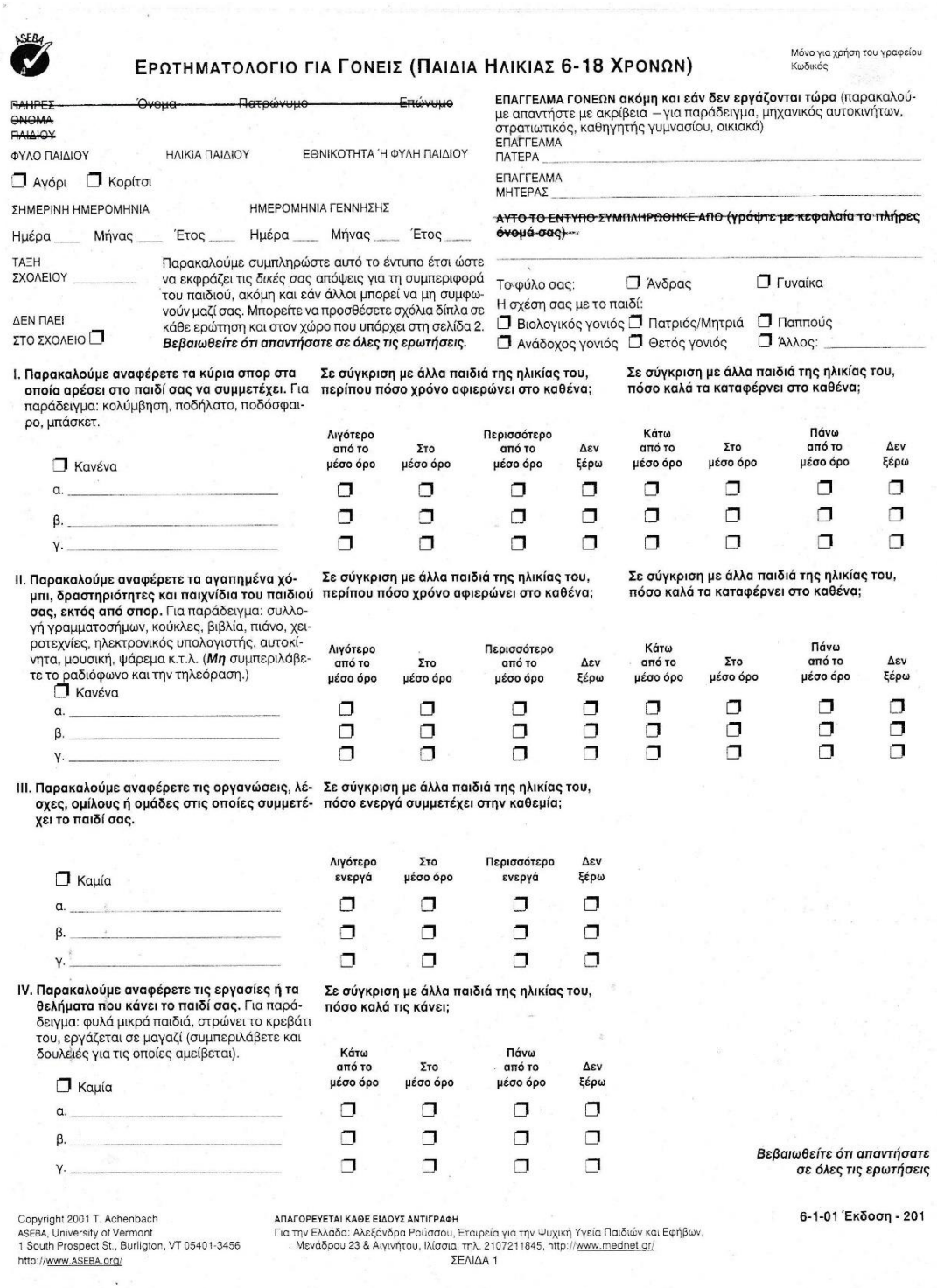
Zakopoulou, V., Mavreas, V., Christodoulides, P., Lavidas, A., Fili, E., Georgiou, G., Dimakopoulos, G. and Vergou, M. (2014). Specific learning difficulties: A retrospective study of their co morbidity and continuity as early indicators of mental disorders. *Research in Developmental Disabilities*. **35** (12) p.p. 3496 – 3507

Zavadenko, N. N., Lebedeva, T. V., Schasnaya, O. V., Zavadenko, A. N., Zlobina, O. M., and Semenova, N. A. (2011). Social and psychological adaptation of patients. *Neuroscience and Behavioral Physiology*. **41** (1) p.p. 52 – 56.

Word Count: 55906

APPENDICES

Appendix 1: The Child Behavior CheckList 6/18 for Greece



ΕΡΩΤΗΜΑΤΟΛΟΓΙΟ ΓΙΑ ΓΟΝΕΙΣ (ΠΑΙΔΙΑ ΗΛΙΚΙΑΣ 6-18 ΧΡΟΝΩΝ)

Μόνο για χρήση του γραφείου
Κωδικός

~~ΠΛΗΡΕΣ ΟΝΟΜΑ ΠΑΙΔΙΟΥ~~ ~~Όνομα~~ ~~Πατρώνυμο~~ ~~Επώνυμο~~

ΦΥΛΟ ΠΑΙΔΙΟΥ ❒ Αγόρι ❒ Κορίτσι

ΗΛΙΚΙΑ ΠΑΙΔΙΟΥ

ΕΘΝΙΚΟΤΗΤΑ Ή ΦΥΛΗ ΠΑΙΔΙΟΥ

ΣΗΜΕΡΙΝΗ ΗΜΕΡΟΜΗΝΙΑ
Ημέρα ___ Μήνας ___ Έτος ___

ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ
Ημέρα ___ Μήνας ___ Έτος ___

ΤΑΞΗ ΣΧΟΛΕΙΟΥ _____

ΔΕΝ ΠΑΕΙ ΣΤΟ ΣΧΟΛΕΙΟ ❒

Παρακαλούμε συμπληρώστε αυτό το έντυπο έτσι ώστε να εκφράζει τις *δικές σας* απόψεις για τη συμπεριφορά του παιδιού, ακόμη και εάν άλλοι μπορεί να μη συμφωνούν μαζί σας. Μπορείτε να προσθέσετε σχόλια δίπλα σε κάθε ερώτηση και στον χώρο που υπάρχει στη σελίδα 2. ***Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.***

ΕΠΑΓΓΕΛΜΑ ΓΟΝΕΩΝ ακόμη και εάν δεν εργάζονται τώρα (παρακαλούμε απαντήστε με ακρίβεια – για παράδειγμα, μηχανικός αυτοκινήτων, στρατιωτικός, καθηγητής γυμνασίου, οικιακά)

ΕΠΑΓΓΕΛΜΑ ΠΑΤΕΡΑ _____

ΕΠΑΓΓΕΛΜΑ ΜΗΤΕΡΑΣ _____

~~ΑΥΤΟ ΤΟ ΕΝΤΥΠΟ ΣΥΜΠΛΗΡΩΘΗΚΕ ΑΠΟ (γράψτε με κεφαλαία το πλήρες όνομά σας)~~ ~~...~~

_____

Το φύλο σας: ❒ Άνδρας ❒ Γυναίκα

Η σχέση σας με το παιδί:
❒ Βιολογικός γονιός ❒ Πατριός/Μητριά ❒ Παππούς
❒ Ανάδοχος γονιός ❒ Θετός γονιός ❒ Άλλος: _____

I. Παρακαλούμε αναφέρετε τα κύρια σπορ στα οποία αρέσει στο παιδί σας να συμμετέχει. Για παράδειγμα: κολύμβηση, ποδήλατο, ποδόσφαιρο, μπάσκετ.

❒ Κανένα

	Σε σύγκριση με άλλα παιδιά της ηλικίας του, περίπου πόσο χρόνο αφιερώνει στο καθένα;				**Σε σύγκριση με άλλα παιδιά της ηλικίας του, πόσο καλά τα καταφέρνει στο καθένα;**			
	Λιγότερο από το μέσο όρο	**Στο μέσο όρο**	**Περισσότερο από το μέσο όρο**	**Δεν ξέρω**	**Κάτω από το μέσο όρο**	**Στο μέσο όρο**	**Πάνω από το μέσο όρο**	**Δεν ξέρω**
α. _____	❒	❒	❒	❒	❒	❒	❒	❒
β. _____	❒	❒	❒	❒	❒	❒	❒	❒
γ. _____	❒	❒	❒	❒	❒	❒	❒	❒

II. Παρακαλούμε αναφέρετε τα αγαπημένα χόμπι, δραστηριότητες και παιχνίδια του παιδιού σας, εκτός από σπορ. Για παράδειγμα: συλλογή γραμματοσήμων, κούκλες, βιβλία, πιάνο, χειροτεχνίες, ηλεκτρονικός υπολογιστής, αυτοκίνητα, μουσική, ψάρεμα κ.τ.λ. (***Μη*** συμπεριλάβετε το ραδιόφωνο και την τηλεόραση.)

❒ Κανένα

	Σε σύγκριση με άλλα παιδιά της ηλικίας του, περίπου πόσο χρόνο αφιερώνει στο καθένα;				**Σε σύγκριση με άλλα παιδιά της ηλικίας του, πόσο καλά τα καταφέρνει στο καθένα;**			
	Λιγότερο από το μέσο όρο	**Στο μέσο όρο**	**Περισσότερο από το μέσο όρο**	**Δεν ξέρω**	**Κάτω από το μέσο όρο**	**Στο μέσο όρο**	**Πάνω από το μέσο όρο**	**Δεν ξέρω**
α. _____	❒	❒	❒	❒	❒	❒	❒	❒
β. _____	❒	❒	❒	❒	❒	❒	❒	❒
γ. _____	❒	❒	❒	❒	❒	❒	❒	❒

III. Παρακαλούμε αναφέρετε τις οργανώσεις, λέσχες, ομίλους ή ομάδες στις οποίες συμμετέχει το παιδί σας.

❒ Καμία

	Σε σύγκριση με άλλα παιδιά της ηλικίας του, πόσο ενεργά συμμετέχει στην καθεμία;			
	Λιγότερο ενεργά	**Στο μέσο όρο**	**Περισσότερο ενεργά**	**Δεν ξέρω**
α. _____	❒	❒	❒	❒
β. _____	❒	❒	❒	❒
γ. _____	❒	❒	❒	❒

IV. Παρακαλούμε αναφέρετε τις εργασίες ή τα θελήματα που κάνει το παιδί σας. Για παράδειγμα: φυλά μικρά παιδιά, στρώνει το κρεβάτι του, εργάζεται σε μαγαζί (συμπεριλάβετε και δουλειές για τις οποίες αμείβεται).

❒ Καμία

	Σε σύγκριση με άλλα παιδιά της ηλικίας του, πόσο καλά τις κάνει;			
	Κάτω από το μέσο όρο	**Στο μέσο όρο**	**Πάνω από το μέσο όρο**	**Δεν ξέρω**
α. _____	❒	❒	❒	❒
β. _____	❒	❒	❒	❒
γ. _____	❒	❒	❒	❒

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις

6-1-01 Έκδοση - 201

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

V. 1. Περίπου πόσους στενούς φίλους έχει το παιδί σας; (*Μη* συμπεριλάβετε αδελφούς και αδελφές)

❒ Κανένα ❒ 1 ❒ 2-3 ❒ 4 ή περισσότερους

2. Περίπου πόσες φορές την εβδομάδα κάνει πράγματα με τους φίλους του εκτός σχολείου; (*Μη* συμπεριλάβετε αδελφούς και αδελφές)

❒ Λιγότερο από 1 φορά ❒ 1-2 φορές ❒ 3 ή περισσότερες φορές

VI. Σε σύγκριση με άλλα παιδιά της ηλικίας του, το παιδί σας:

	Χειρότερα	Στο μέσο όρο	Καλύτερα	
α. Πόσο καλά τα πάει με τους αδελφούς και τις αδελφές του;	❒	❒	❒	❒ Δεν έχει αδέλφια
β. Πόσο καλά τα πάει με τα άλλα παιδιά;	❒	❒	❒	
γ. Πόσο καλά συμπεριφέρεται στους γονείς του;	❒	❒	❒	
δ. Πόσο καλά παίζει και δουλεύει μόνο του;	❒	❒	❒	

VII. 1. Επίδοση στα μαθήματα ❒ Δεν πάει σχολείο διότι _____

_____

Σημειώστε για κάθε μάθημα στο κατάλληλο κουτάκι		Κάτω από τη βάση	Κάτω από το μέσο όρο	Στο μέσο όρο	Πάνω από το μέσο όρο
Άλλα μαθήματα π.χ. Η/Υ, ξένες γλώσσες κ.λπ. ***Μη*** συμπεριλάβετε γυμναστική, μαθήματα οδήγησης ή άλλα μη σχολικά μαθήματα.	α. Γλώσσα, Ελληνικά	❒	❒	❒	❒
	β. Ιστορία	❒	❒	❒	❒
	γ. Αριθμητική ή Μαθηματικά	❒	❒	❒	❒
	δ. Φυσική, Χημεία	❒	❒	❒	❒
	ε. _____	❒	❒	❒	❒
	στ. _____	❒	❒	❒	❒
	ζ. _____	❒	❒	❒	❒

2. Βρίσκεται το παιδί σας σε ειδική αγωγή, αποκαταστασιακό πρόγραμμα, τάξη ένταξης, ειδικό σχολείο;

❒ Όχι ❒ Ναι – Είδος προγράμματος τάξης ή σχολείου:

3. Έχει το παιδί σας επαναλάβει κάποια τάξη;

❒ Όχι ❒ Ναι – Ποιες τάξεις και για ποιο λόγο;

4. Έχει το παιδί σας προβλήματα με τα μαθήματα ή άλλου είδους προβλήματα στο σχολείο;

❒ Όχι ❒ Ναι – Παρακαλούμε περιγράψτε:

Πότε άρχισαν αυτά τα προβλήματα; _____

Έχουν λυθεί αυτά τα προβλήματα; ❒ Όχι ❒ Ναι – Πότε;

Έχει το παιδί σας κάποια αρρώστια ή αναπηρία (ψυχική, νοητική ή σωματική); ❒ Όχι ❒ Ναι – Παρακαλούμε περιγράψτε:

Τι σας ανησυχεί περισσότερο για το παιδί σας;

Παρακαλούμε περιγράψτε τα πιο θετικά χαρακτηριστικά του παιδιού σας.

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Παρακάτω είναι ένας κατάλογος με στοιχεία συμπεριφοράς παιδιών. Για τη συμπλήρωση του ερωτηματολογίου λάβετε υπόψη τη συμπεριφορά του παιδιού ***στο παρόν ή στους τελευταίους 6 μήνες***. Εάν το στοιχείο συμπεριφοράς ταιριάζει στο παιδί σας ***πολύ ή πολύ συχνά***, βάλτε σε κύκλο το 2. Εάν το στοιχείο συμπεριφοράς ταιριάζει στο παιδί σας ***κάπως ή μερικές φορές***, βάλτε σε κύκλο το 1. Εάν το στοιχείο συμπεριφοράς δεν του ταιριάζει ***καθόλου*** βάλτε σε κύκλο το 0. Παρακαλώ απαντήστε σε όλες τις ερωτήσεις, ακόμη και αν μερικές φαίνονται να μην ταιριάζουν στο παιδί σας.

0=Δεν ταιριάζει (απ' όσο ξέρετε) **1=Ταιριάζει κάπως ή μερικές φορές** **2=Ταιριάζει πολύ ή πολύ συχνά**

0 1 2 1. Συμπεριφέρεται πολύ ανώριμα για την ηλικία του
0 1 2 2. Πίνει αλκοόλ χωρίς την άδεια των γονιών (περιγράψτε): _____
0 1 2 3. Είναι πνεύμα αντιλογίας
0 1 2 4. Δεν καταφέρνει να τελειώσει κάτι που αρχίζει
0 1 2 5. Υπάρχουν πολύ λίγα πράγματα που τον ευχαριστούν
0 1 2 6. Κάνει τα κακά του έξω από την τουαλέτα
0 1 2 7. Καυχιέται, κάνει τον καμπόσο
0 1 2 8. Δεν μπορεί να συγκεντρωθεί, να προσηλώσει την προσοχή του για πολλή ώρα
0 1 2 9. Δεν μπορεί να βγάλει από το μυαλό του ορισμένες σκέψεις, έμμονες ιδέες (περιγράψτε): _____
0 1 2 10. Δεν μπορεί να σταθεί ακίνητος, είναι ανήσυχος, υπερκινητικός
0 1 2 11. Είναι προσκολλημένος στους μεγάλους, πολύ εξαρτημένος
0 1 2 12. Παραπονιέται ότι νιώθει μοναξιά
0 1 2 13. Βρίσκεται σε σύγχυση, σαν να είναι χαμένος
0 1 2 14. Κλαίει πολύ
0 1 2 15. Βασανίζει ζώα
0 1 2 16. Είναι σκληρός και μοχθηρός με τους άλλους, τους κάνει τον νταή
0 1 2 17. Ονειροπολεί, χάνεται μέσα στις σκέψεις του
0 1 2 18. Προσπαθεί επίτηδες να τραυματισθεί ή να σκοτωθεί
0 1 2 19. Ζητάει πολλή προσοχή από τους άλλους
0 1 2 20. Καταστρέφει τα πράγματά του
0 1 2 21. Καταστρέφει πράγματα που ανήκουν στην οικογένειά του ή σε άλλους
0 1 2 22. Είναι ανυπάκουος στο σπίτι
0 1 2 23. Είναι ανυπάκουος στο σχολείο
0 1 2 24. Δεν τρώει καλά
0 1 2 25. Δεν τα πάει καλά με τα άλλα παιδιά
0 1 2 26. Δεν φαίνεται να αισθάνεται τύψεις όταν έχει συμπεριφερθεί άσχημα
0 1 2 27. Ζηλεύει εύκολα
0 1 2 28. Παραβαίνει τους κανόνες στο σπίτι, το σχολείο ή αλλού
0 1 2 29. Φοβάται ορισμένα ζώα, καταστάσεις ή μέρη, εκτός από το σχολείο (περιγράψτε): _____
0 1 2 30. Φοβάται να πάει στο σχολείο
0 1 2 31. Φοβάται μήπως σκεφθεί ή κάνει κάτι κακό
0 1 2 32. Αισθάνεται ότι πρέπει να είναι τέλειος
0 1 2 33. Αισθάνεται, παραπονιέται ότι κανείς δεν τον αγαπάει
0 1 2 34. Αισθάνεται ότι οι άλλοι είναι εναντίον του, ότι τον έχουν βάλει στο μάτι
0 1 2 35. Αισθάνεται ότι δεν αξίζει τίποτα, ότι είναι κατώτερος
0 1 2 36. Τραυματίζεται συχνά, παθαίνει εύκολα ατυχήματα
0 1 2 37. Μπλέκει σε πολλούς καβγάδες
0 1 2 38. Τον πειράζουν πολύ οι άλλοι
0 1 2 39. Κάνει παρέα με παιδιά που μπλέκουν σε φασαρίες
0 1 2 40. Ακούει ήχους ή φωνές που δεν υπάρχουν (περιγράψτε): _____
0 1 2 41. Είναι παρορμητικός, ενεργεί χωρίς να σκέφτεται
0 1 2 42. Προτιμά να είναι μόνος του, παρά με άλλους
0 1 2 43. Λέει ψέματα, κάνει μικροαπάτες
0 1 2 44. Τρώει τα νύχια του
0 1 2 45. Είναι νευρικός, έχει τεντωμένα νεύρα, βρίσκεται σε μεγάλη ένταση
0 1 2 46. Κάνει νευρικές κινήσεις, συσπάσεις (περιγράψτε): _____
0 1 2 47. Έχει εφιάλτες
0 1 2 48. Δεν τον συμπαθούν τα άλλα παιδιά
0 1 2 49. Έχει δυσκοιλιότητα, δεν ενεργείται κανονικά
0 1 2 50. Έχει πολλούς φόβους, είναι αγχώδης
0 1 2 51. Αισθάνεται ζαλάδες
0 1 2 52. Αισθάνεται υπερβολικά ένοχος
0 1 2 53. Τρώει υπερβολικά
0 1 2 54. Φαίνεται υπερβολικά κουρασμένος χωρίς λόγο
0 1 2 55. Είναι υπέρβαρος
56. Έχει σωματικά ενοχλήματα ***χωρίς γνωστή ιατρική αιτία:***
0 1 2 α. Διαφόρους πόνους (εκτός από πονοκεφάλους, πόνους στην κοιλιά)
0 1 2 β. Πονοκεφάλους
0 1 2 γ. Ναυτία, τάση για εμετό
0 1 2 δ. Προβλήματα με τα μάτια του (***όχι*** ότι φορά γυαλιά) (περιγράψτε): _____
0 1 2 ε. Εξανθήματα ή άλλα δερματικά προβλήματα
0 1 2 στ. Κοιλιακούς πόνους
0 1 2 ζ. Κάνει εμετούς
0 1 2 η. Άλλα (περιγράψτε): _____

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

0=Δεν ταιριάζει (απ' όσο ξέρετε) **1=Ταιριάζει κάπως ή μερικές φορές** **2=Ταιριάζει πολύ ή πολύ συχνά**

0 1 2 57. Επιτίθεται και χτυπά τους άλλους
0 1 2 58. Σκαλίζει τη μύτη του, τσιμπά επίμονα το δέρμα του ή άλλα μέρη του σώματός του (περιγράψτε): _____
_____
0 1 2 59. Παίζει με τα γεννητικά του όργανα δημόσια
0 1 2 60. Παίζει με τα γεννητικά του όργανα πάρα πολύ
0 1 2 61. Είναι κακός μαθητής
0 1 2 62. Είναι αδέξιος, δεν έχει καλό συντονισμό
0 1 2 63. Προτιμά να κάνει παρέα με μεγαλύτερα παιδιά
0 1 2 64. Προτιμά να κάνει παρέα με μικρότερα παιδιά
0 1 2 65. Αρνείται να μιλήσει στους άλλους
0 1 2 66. Επαναλαμβάνει ορισμένες πράξεις ξανά και ξανά σαν κάτι να τον αναγκάζει (περιγράψτε): _____
_____
0 1 2 67. Κάνει φυγές από το σπίτι
0 1 2 68. Φωνάζει πολύ, ουρλιάζει
0 1 2 69. Είναι μυστικοπαθής, κρατά πράγματα μέσα του
0 1 2 70. Βλέπει πράγματα που δεν υπάρχουν (περιγράψτε): ___
_____
_____
0 1 2 71. Δεν είναι άνετος, ντροπιάζεται εύκολα, αισθάνεται εύκολα αμηχανία
0 1 2 72. Βάζει φωτιές
0 1 2 73. Έχει σεξουαλικά προβλήματα (περιγράψτε): _____
_____
_____
0 1 2 74. Του αρέσει να κάνει επίδειξη
0 1 2 75. Είναι πολύ ντροπαλός ή δειλός
0 1 2 76. Κοιμάται λιγότερο απ' όσο κοιμούνται τα περισσότερα παιδιά
0 1 2 77. Κοιμάται περισσότερο απ' όσο κοιμούνται τα περισσότερα παιδιά κατά τη διάρκεια της ημέρας ή και της νύχτας (περιγράψτε): _____
_____
0 1 2 78. Είναι απρόσεκτος, η προσοχή του διασπάται εύκολα
0 1 2 79. Έχει προβλήματα λόγου (περιγράψτε): _____
_____
0 1 2 80. Κοιτάζει με κενό βλέμμα
0 1 2 81. Κλέβει από το σπίτι
0 1 2 82. Κλέβει από άλλα μέρη
0 1 2 83. Μαζεύει πράγματα που του είναι άχρηστα (περιγράψτε): _____
_____
_____
0 1 2 84. Έχει παράξενη συμπεριφορά (περιγράψτε): _____
_____
0 1 2 85. Έχει παράξενες ιδέες (περιγράψτε): _____
_____
0 1 2 86. Είναι πεισματάρης, δύσθυμος, ευερέθιστος
0 1 2 87. Εμφανίζει ξαφνικές αλλαγές στη διάθεσή του ή στα συναισθήματά του
0 1 2 88. Είναι πολύ συχνά μουτρωμένος
0 1 2 89. Είναι καχύποπτος
0 1 2 90. Βρίζει, λέει βρομόλογα
0 1 2 91. Μιλά για αυτοκτονία
0 1 2 92. Μιλά ή περπατά στον ύπνο του (περιγράψτε): _____
_____
0 1 2 93. Μιλά πάρα πολύ
0 1 2 94. Πειράζει πολύ τους άλλους, είναι πειραχτήρι
0 1 2 95. Εμφανίζει εκρήξεις οργής, αρπάζεται εύκολα
0 1 2 96. Σκέφτεται το σεξ πάρα πολύ
0 1 2 97. Απειλεί τους άλλους
0 1 2 98. Πιπιλά το δάχτυλό του
0 1 2 99. Καπνίζει
0 1 2 100. Δυσκολεύεται να κοιμηθεί (περιγράψτε): _____
_____
0 1 2 101. Κάνει σκασιαρχείο ή αδικαιολόγητες απουσίες
0 1 2 102. Είναι νωθρός, αργός στις κινήσεις του, του λείπει η ενεργητικότητα
0 1 2 103. Είναι δυστυχισμένος, θλιμμένος, μελαγχολικός
0 1 2 104. Κάνει πολύ περισσότερη φασαρία από άλλα παιδιά
0 1 2 105. Κάνει χρήση ουσιών για μη ιατρικούς λόγους (μη συμπεριλάβετε το κάπνισμα ή το αλκοόλ) (περιγράψτε): __
_____
_____
0 1 2 106. Κάνει βανδαλισμούς
0 1 2 107. Κατουριέται κατά τη διάρκεια της ημέρας
0 1 2 108. Κατουριέται στον ύπνο
0 1 2 109. Είναι γκρινιάρης
0 1 2 110. Επιθυμεί να ανήκει στο αντίθετο φύλο
0 1 2 111. Απομονώνεται στον εαυτό του, δεν κάνει σχέσεις με άλλους
0 1 2 112. Αγωνιά, είναι αγχώδης
113. Παρακαλούμε γράψτε τυχόν προβλήματα του παιδιού σας που δεν αναφέρθηκαν στο ερωτηματολόγιο
0 1 2 _____
0 1 2 _____
0 1 2 _____

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Appendix 2: The Teacher Reference Form 6/18 for Greece

ΕΡΩΤΗΜΑΤΟΛΟΓΙΟ ΓΙΑ ΕΚΠΑΙΔΕΥΤΙΚΟΥΣ (ΠΑΙΔΙΑ ΗΛΙΚΙΑΣ 6-18 ΧΡΟΝΩΝ)

Μόνο για χρήση του γραφείου
Κωδικός

Οι απαντήσεις σας θα χρησιμοποιηθούν για τη σύγκριση αυτού του μαθητή με άλλους μαθητές, των οποίων οι δάσκαλοι συμπλήρωσαν παρόμοια έντυπα. Οι πληροφορίες αυτές θα χρησιμοποιηθούν επίσης για σύγκριση με άλλες πληροφορίες που υπάρχουν γι' αυτό το μαθητή. Παρακαλούμε απαντήστε όσο καλύτερα μπορείτε, ακόμη και εάν σας λείπουν ορισμένες πληροφορίες γι' αυτό το μαθητή. Η βαθμολογία των στοιχείων θα χρησιμοποιηθεί για τον προσδιορισμό γενικών τρόπων συμπεριφοράς. Μπορείτε να γράψετε σχόλια δίπλα στην κάθε ερώτηση και στο χώρο ο οποίος υπάρχει στη σελίδα 2. ***Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.***

~~ΟΝΟΜΑ ΚΑΙ ΕΠΩΝΥΜΟ ΜΑΘΗΤΗ~~ Όνομα Πατρώνυμο Επώνυμο

ΦΥΛΟ ΜΑΘΗΤΗ ❒ Αγόρι ❒ Κορίτσι

ΗΛΙΚΙΑ ΜΑΘΗΤΗ

ΕΘΝΙΚΟΤΗΤΑ Ή ΦΥΛΗ ΜΑΘΗΤΗ

ΣΗΜΕΡΙΝΗ ΗΜΕΡΟΜΗΝΙΑ Ημέρα ____ Μήνας ____ Έτος ____

ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ Ημέρα ____ Μήνας ____ Έτος ____

ΤΑΞΗ ΣΧΟΛΕΙΟΥ _____

ΟΝΟΜΑ ΚΑΙ ΔΙΕΥΘΥΝΣΗ ΤΟΥ ΣΧΟΛΕΙΟΥ _____

~~ΕΠΑΓΓΕΛΜΑ ΓΟΝΕΩΝ ακόμη και εάν δεν εργάζονται τώρα~~ (παρακαλούμε απαντήστε με ακρίβεια – για παράδειγμα, μηχανικός αυτοκινήτων, στρατιωτικός, καθηγητής γυμνασίου, οικιακά)

~~ΕΠΑΓΓΕΛΜΑ ΠΑΤΕΡΑ~~ _____

~~ΕΠΑΓΓΕΛΜΑ ΜΗΤΕΡΑΣ~~ _____

~~ΑΥΤΟ ΤΟ ΕΝΤΥΠΟ ΣΥΜΠΛΗΡΩΘΗΚΕ ΑΠΟ (*γράψτε με κεφαλαία το πλήρες όνομά σας*)~~

_____

Το φύλο σας: ❒ Άνδρας ❒ Γυναίκα

Ο ρόλος σας στο σχολείο:

❒ Ο δάσκαλος/καθηγητής της τάξης ❒ Δάσκαλος ειδικής αγωγής
❒ Βοηθός δασκάλου ❒ Σύμβουλος
❒ Διοικητικός ❒ Άλλο: _____

I. Εδώ και πόσους μήνες γνωρίζετε το μαθητή; _____ **μήνες**

II. Πόσο καλά τον γνωρίζετε; 1. ❒ Όχι καλά 2. ❒ Μέτρια 3. ❒ Πολύ καλά

III. Πόσες ώρες την εβδομάδα είναι στην τάξη σας ή στην υπηρεσία σας;

IV. Για τι είδους τάξη ή υπηρεσία πρόκειται; (Παρακαλούμε περιγράψτε με ακρίβεια, π.χ. κανονική 5η τάξη Δημοτικού, μαθηματικά 1ης Γυμνασίου, τάξη ένταξης, συμβουλευτική)

V. Έχει ποτέ παραπεμφθεί σε τάξη ένταξης, ειδικές υπηρεσίες, συμπληρωματική διδασκαλία;

❒ Δεν ξέρω 0. ❒ Όχι 1. ❒ Ναι – Τι είδους και πότε;

VI. Έχει επαναλάβει ποτέ τάξεις; ❒ Δεν ξέρω 0. ❒ Όχι 1. ❒ Ναι – Ποιες τάξεις και για ποιο λόγο;

VII. Τωρινή επίδοση στα μαθήματα. Παρακαλούμε καταρτίστε αναλυτικό κατάλογο μαθημάτων και σημειώστε ένα Χ στη στήλη που δείχνει την επίδοση του μαθητή στο κάθε μάθημα.

Μάθημα	1. Πολύ πιο κάτω από το επίπεδο της τάξης	2. Λίγο πιο κάτω από το επίπεδο της τάξης	3. Στο επίπεδο της τάξης	4. Λίγο πιο πάνω από το επίπεδο της τάξης	5. Πολύ πιο πάνω από το επίπεδο της τάξης
1. _____	❒	❒	❒	❒	❒
2. _____	❒	❒	❒	❒	❒
3. _____	❒	❒	❒	❒	❒
4. _____	❒	❒	❒	❒	❒
5. _____	❒	❒	❒	❒	❒
6. _____	❒	❒	❒	❒	❒

Παρακαλούμε βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

6-1-01 Έκδοση - 301

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

VIII. Σε σύγκριση με το μέσο μαθητή της ίδιας ηλικίας	**1. Πολύ λιγότερο**	**2. Λίγο λιγότερο**	**3. Ελάχιστα λιγότερο**	**4. Περίπου στο μέσο όρο**	**5. Ελάχιστα περισσότερο**	**6. Λίγο περισσότερο**	**7. Πολύ περισσότερο**
1. Πόσο σκληρά εργάζεται;	❒	❒	❒	❒	❒	❒	❒
2. Πόσο σωστή είναι η συμπεριφορά του στην τάξη;	❒	❒	❒	❒	❒	❒	❒
3. Πόσο πολύ μαθαίνει;	❒	❒	❒	❒	❒	❒	❒
4. Πόσο χαρούμενος είναι;	❒	❒	❒	❒	❒	❒	❒

Έχει ο μαθητής σας καμία αρρώστια ή αναπηρία (ψυχική, νοητική ή σωματική); ❒ **Όχι** ❒ **Ναι – Παρακαλούμε περιγράψτε:**

Τι σας ανησυχεί περισσότερο για το μαθητή σας;

Περιγράψτε τα πιο θετικά χαρακτηριστικά του μαθητή σας:

Παρακαλούμε γράψτε όποια σχόλια νομίζετε ότι θα είναι χρήσιμα για το μαθητή. Χρησιμοποιήστε πρόσθετες σελίδες αν είναι απαραίτητο.

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Παρακάτω υπάρχει ένας κατάλογος με στοιχεία συμπεριφοράς μαθητών. Για τη συμπλήρωση του ερωτηματολογίου λάβετε υπόψη τη συμπεριφορά του μαθητή ***στο παρόν ή στους τελευταίους 2 μήνες***. Εάν το στοιχείο της συμπεριφοράς ταιριάζει στο μαθητή ***πολύ ή πολύ συχνά***, βάλτε σε κύκλο το 2. Εάν το στοιχείο της συμπεριφοράς ταιριάζει στο μαθητή ***κάπως ή μερικές φορές***, βάλτε σε κύκλο το 1. Εάν το στοιχείο της συμπεριφοράς δεν του ταιριάζει **καθόλου**, βάλτε σε κύκλο το 0. Παρακαλούμε απαντήστε σε όλες τις ερωτήσεις όσο καλύτερα μπορείτε, ακόμη και αν ορισμένες δεν φαίνονται να έχουν σχέση με το μαθητή.

0=Δεν ταιριάζει (απ' ό,τι ξέρω) **1=Ταιριάζει κάπως ή μερικές φορές** **2=Ταιριάζει πολύ ή πολύ συχνά**

0 1 2 1. Συμπεριφέρεται πολύ ανώριμα για την ηλικία του
0 1 2 2. Σιγοτραγουδά ή κάνει άλλους παράξενους θορύβους στην τάξη
0 1 2 3. Είναι πνεύμα αντιλογίας
0 1 2 4. Δεν καταφέρνει να τελειώσει κάτι που αρχίζει
0 1 2 5. Υπάρχουν πολύ λίγα πράγματα που τον ευχαριστούν
0 1 2 6. Είναι αντιδραστικός, αντιμιλά στους δασκάλους του
0 1 2 7. Καυχιέται, κάνει τον καμπόσο
0 1 2 8. Δεν μπορεί να συγκεντρωθεί, να προσηλώσει την προσοχή του για πολλή ώρα
0 1 2 9. Δεν μπορεί να βγάλει από το μυαλό του ορισμένες σκέψεις, έμμονες ιδέες (περιγράψτε): _____
_____
0 1 2 10. Δεν μπορεί να σταθεί ακίνητος, είναι ανήσυχος, υπερκινητικός
0 1 2 11. Είναι προσκολλημένος στους μεγάλους, πολύ εξαρτημένος
0 1 2 12. Παραπονιέται ότι νιώθει μοναξιά
0 1 2 13. Είναι σε σύγχυση, σαν να είναι χαμένος
0 1 2 14. Κλαίει πολύ
0 1 2 15. Κάποιο μέρος του σώματός του κουνιέται συνεχώς
0 1 2 16. Είναι σκληρός, μοχθηρός με τους άλλους, τους κάνει τον νταή
0 1 2 17. Ονειροπολεί, χάνεται μέσα στις σκέψεις του
0 1 2 18. Προσπαθεί επίτηδες να τραυματιστεί ή να σκοτωθεί
0 1 2 19. Ζητά πολλή προσοχή από τους άλλους
0 1 2 20. Καταστρέφει τα πράγματά του
0 1 2 21. Καταστρέφει πράγματα που ανήκουν σε άλλους
0 1 2 22. Δυσκολεύεται να ακολουθήσει οδηγίες
0 1 2 23. Είναι ανυπάκουος στο σχολείο
0 1 2 24. Ενοχλεί τους άλλους μαθητές
0 1 2 25. Δεν τα πάει καλά με τους άλλους μαθητές
0 1 2 26. Δεν φαίνεται να αισθάνεται τύψεις όταν έχει συμπεριφερθεί άσχημα
0 1 2 27. Ζηλεύει εύκολα
0 1 2 28. Παραβαίνει σχολικούς κανόνες
0 1 2 29. Φοβάται ορισμένα ζώα, καταστάσεις ή μέρη εκτός από το σχολείο (περιγράψτε): _____
_____
0 1 2 30. Φοβάται να πάει στο σχολείο
0 1 2 31. Φοβάται μήπως σκεφθεί ή κάνει κάτι κακό
0 1 2 32. Αισθάνεται ότι πρέπει να είναι τέλειος
0 1 2 33. Αισθάνεται, παραπονιέται ότι κανείς δεν τον αγαπά
0 1 2 34. Αισθάνεται ότι οι άλλοι είναι εναντίον του, ότι τον έχουν βάλει στο μάτι
0 1 2 35. Αισθάνεται ότι δεν αξίζει τίποτα, ότι είναι κατώτερος
0 1 2 36. Τραυματίζεται συχνά, παθαίνει εύκολα ατυχήματα
0 1 2 37. Μπλέκει σε πολλούς καβγάδες
0 1 2 38. Τον πειράζουν πολύ οι άλλοι
0 1 2 39. Κάνει παρέα με παιδιά που μπλέκουν σε φασαρίες
0 1 2 40. Ακούει ήχους ή φωνές που δεν υπάρχουν (περιγράψτε): _____
_____
0 1 2 41. Είναι παρορμητικός, ενεργεί χωρίς να σκέφτεται
0 1 2 42. Προτιμά να είναι μόνος του, παρά με άλλους
0 1 2 43. Λέει ψέματα, κάνει μικροαπάτες
0 1 2 44. Τρώει τα νύχια του
0 1 2 45. Είναι νευρικός, έχει τεντωμένα νεύρα, βρίσκεται σε μεγάλη ένταση
0 1 2 46. Κάνει νευρικές κινήσεις, συσπάσεις (περιγράψτε): _____
_____
0 1 2 47. Είναι υπερβολικά υπάκουος στους κανόνες
0 1 2 48. Δεν τον συμπαθούν οι συμμαθητές του
0 1 2 49. Έχει δυσκολίες στη μάθηση
0 1 2 50. Έχει πολλούς φόβους, είναι αγχώδης
0 1 2 51. Αισθάνεται ζαλάδες
0 1 2 52. Αισθάνεται υπερβολικά ένοχος
0 1 2 53. Μιλά χωρίς να είναι η σειρά του
0 1 2 54. Φαίνεται υπερβολικά κουρασμένος χωρίς λόγο
0 1 2 55. Είναι υπέρβαρος
56. Έχει σωματικά ενοχλήματα ***χωρίς γνωστή ιατρική αιτία:***
0 1 2 α. Διάφορους πόνους (εκτός από πονοκεφάλους, πόνους στην κοιλιά)
0 1 2 β. Πονοκεφάλους
0 1 2 γ. Ναυτία, τάση για εμετό
0 1 2 δ. Προβλήματα με τα μάτια του (***όχι*** ότι φορά γυαλιά) (περιγράψτε): _____
_____
0 1 2 ε. Εξανθήματα ή άλλα δερματικά προβλήματα
0 1 2 στ. Κοιλιακούς πόνους
0 1 2 ζ. Κάνει εμετούς
0 1 2 η. Άλλα (περιγράψτε): _____
_____
_____

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

0=Δεν ταιριάζει (απ' ό,τι ξέρω) **1=Ταιριάζει κάπως ή μερικές φορές** **2=Ταιριάζει πολύ ή πολύ συχνά**

0 1 2 57. Επιτίθεται και χτυπά άλλους
0 1 2 58. Σκαλίζει τη μύτη του, τσιμπά επίμονα το δέρμα του ή άλλα μέρη του σώματός του (περιγράψτε): _____
_____
0 1 2 59. Κοιμάται στην τάξη
0 1 2 60. Είναι απαθής, χωρίς κίνητρο
0 1 2 61. Είναι κακός μαθητής
0 1 2 62. Είναι αδέξιος, δεν έχει καλό συντονισμό
0 1 2 63. Προτιμά να κάνει παρέα με μεγαλύτερα παιδιά
0 1 2 64. Προτιμά να κάνει παρέα με μικρότερα παιδιά
0 1 2 65. Αρνείται να μιλήσει στους άλλους
0 1 2 66. Επαναλαμβάνει μερικές πράξεις ξανά και ξανά σαν κάτι να τον αναγκάζει (περιγράψτε): _____
_____
0 1 2 67. Διαταράσσει την πειθαρχία της τάξης
0 1 2 68. Φωνάζει πολύ, ουρλιάζει
0 1 2 69. Είναι μυστικοπαθής, κρατά πράγματα μέσα του
0 1 2 70. Βλέπει πράγματα που δεν υπάρχουν (περιγράψτε):
_____
_____
0 1 2 71. Δεν είναι άνετος, ντροπιάζεται εύκολα, αισθάνεται εύκολα αμηχανία
0 1 2 72. Είναι τσαπατσούλης στα τετράδια και τα βιβλία του
0 1 2 73. Συμπεριφέρεται ανεύθυνα (περιγράψτε): _____
_____
0 1 2 74. Του αρέσει να κάνει επίδειξη
0 1 2 75. Είναι πολύ ντροπαλός ή δειλός
0 1 2 76. Είναι εκρηκτικός με απρόβλεπτη συμπεριφορά
0 1 2 77. Θέλει οι απαιτήσεις του να πραγματοποιούνται αμέσως, με το παραμικρό αισθάνεται ματαίωση
0 1 2 78. Είναι απρόσεκτος, η προσοχή του διασπάται εύκολα
0 1 2 79. Έχει προβλήματα λόγου (περιγράψτε): _____
_____
0 1 2 80. Κοιτάζει με κενό βλέμμα
0 1 2 81. Πληγώνεται όταν του ασκούν κριτική
0 1 2 82. Κλέβει
0 1 2 83. Μαζεύει πράγματα που του είναι άχρηστα (περιγράψτε): _____
_____
_____
0 1 2 84. Έχει παράξενη συμπεριφορά (περιγράψτε): _____
_____
0 1 2 85. Έχει παράξενες ιδέες (περιγράψτε): _____
_____
0 1 2 86. Είναι πεισματάρης, δύσθυμος, ευερέθιστος
0 1 2 87. Εμφανίζει ξαφνικές αλλαγές στη διάθεσή του ή στα συναισθήματά του
0 1 2 88. Είναι πολύ συχνά μουτρωμένος
0 1 2 89. Είναι καχύποπτος
0 1 2 90. Βρίζει, λέει βρομόλογα
0 1 2 91. Μιλά για αυτοκτονία
0 1 2 92. Έχει χαμηλή επίδοση, δεν αναπτύσσει όλο το δυναμικό του
0 1 2 93. Μιλά πάρα πολύ
0 1 2 94. Πειράζει πολύ τους άλλους, είναι πειραχτήρι
0 1 2 95. Εμφανίζει εκρήξεις οργής, αρπάζεται εύκολα
0 1 2 96. Σκέφτεται υπερβολικά το σεξ
0 1 2 97. Απειλεί τους άλλους
0 1 2 98. Έρχεται αργοπορημένος στο σχολείο ή στην τάξη
0 1 2 99. Καπνίζει
0 1 2 100. Δεν καταφέρνει να τελειώσει τις εργασίες που του αναθέτουν
0 1 2 101. Κάνει σκασιαρχείο ή αδικαιολόγητες απουσίες
0 1 2 102. Είναι νωθρός, αργός στις κινήσεις του, του λείπει ενεργητικότητα
0 1 2 103. Είναι δυστυχισμένος, θλιμμένος, μελαγχολικός
0 1 2 104. Κάνει πολύ περισσότερη φασαρία από άλλα παιδιά
0 1 2 105. Κάνει χρήση αλκοόλ ή ουσιών για μη ιατρικούς λόγους (μη συμπεριλάβετε το κάπνισμα) (περιγράψτε): _____
_____
0 1 2 106. Έχει υπερβολικό άγχος πώς να ευχαριστήσει τους άλλους
0 1 2 107. Δεν του αρέσει το σχολείο
0 1 2 108. Φοβάται μήπως κάνει λάθη
0 1 2 109. Είναι γκρινιάρης
0 1 2 110. Είναι βρόμικος πάνω του
0 1 2 111. Απομονώνεται στον εαυτό του, δεν κάνει σχέσεις με άλλους
0 1 2 112. Αγωνιά, είναι αγχώδης
0 1 2 113. Παρακαλούμε γράψτε τυχόν προβλήματα του μαθητή σας που δεν αναφέρθηκαν στο ερωτηματολόγιο
_____
_____
_____

Βεβαιωθείτε ότι απαντήσατε σε όλες τις ερωτήσεις.

Appendix 3 Topics on the aide-mémoire for parent

Main Topic	Information targeted
Main caregiver	- Takes to school in the morning and oversees child's educational/academic and extra-curricular activities - Spouse help?
Communication with teacher	- How often - If asked by teacher to come to a meeting concerning child's progress/behavior
Incident happened with child and sharing it with the teacher	- Any incidents that caused concern? - Shared with the teacher? - Resolved with teachers' help?
Teacher expressed concerns	Behavior wise e.g. disruptive, fights, swears, argues … Academics e.g. fails to finish, poor school, wants to be perfect, fears school, worthless … Socially e.g. lonely, jealous, teased, not get along, not liked Emotionally e.g. frustrated, stores up, strange behavior, whining …
Relationship with teacher	- Describe - Teacher makes an effort / attends to child's needs?
Views and perceptions	- do views and perceptions coincide (e.g. on child's academic performance, on behavioral manifestations, on social and emotional matters …)
Parental concerns	Behavior wise e.g. nervous, attacks others, tantrums, Academics e.g. cannot concentrate, disobedient at school, breaks rules Socially e.g. feeling lonely, being teased, having bad friends Emotionally e.g. nervous, feeling unloved, argues …
Confide/disclose	- Child confides to parent if troubled
Something to add	

Appendix 4: topics on the aide-mémoire for teacher

Main Topic	Information targeted
Communication with parent	- How often - If parent asked to come to a meeting concerning child's progress/behavior
Incident happened with child and sharing it with the parent	- Any incidents that caused concern? - Shared with the parent? - Resolved with parents' help?
Parent expressed concerns	Behavior wise e.g. disruptive, fights, swears, argues … Academics e.g. fails to finish, poor school, wants to be perfect, fears school, worthless … Socially e.g. lonely, jealous, teased, not get along, not liked Emotionally e.g. frustrated, stores up, strange behavior, whining …
Relationship with parent	- Describe - parent makes an effort?
Views and perceptions	- do views and perceptions coincide (e.g. on child's academic performance, on behavioral manifestations, on social and emotional matters …)
Teacher concerns	Behavior wise e.g. nervous, attacks others, tantrums, Academics e.g. cannot concentrate, disobedient at school, breaks rules Socially e.g. feeling lonely, being teased, having bad friends Emotionally e.g. nervous, feeling unloved, argues …
Confide/disclose	- Child confides to teacher if troubled
Something to add	

Appendix 5: Ethics Approval from the Cyprus Bioethics Committee (in Greek)

ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΕΘΝΙΚΗ ΕΠΙΤΡΟΠΗ ΒΙΟΗΘΙΚΗΣ ΚΥΠΡΟΥ

Αρ. Φακ.: ΕΕΒΚ ΕΠ 2014.01.107
Αρ. Τηλ.: 22809038/039
Αρ. Φαξ: 22353878

05 Αυγούστου 2014

Κυρία Αγγελική Χαραλάμπους
Αγίας Μαρίνας 23
2321 Λακατάμεια
Λευκωσία

Θέμα: «Μελέτη και αξιολόγηση των κοινωνικών - συναισθηματικών δυσκολιών και προβλημάτων συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς ειδικές εκπαιδευτικές ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: μια συγκριτική μελέτη»

Αναφέρομαι στην επιστολή σας που καταθέσατε στις 05 Αυγούστου 2014 για το πιο πάνω θέμα, και επιθυμώ να σας πληροφορήσω ότι από την μελέτη του περιεχομένου των εγγράφων που έχετε καταθέσει (καλυπτική επιστολή, αναλυτικό σχέδιο έρευνας και ερωτηματολόγια), που αφορούν την πιο πάνω έρευνα, έχω αντιληφθεί ότι:

1. Η έρευνα που θα διεξάγετε στηρίζεται στη διανομή και συλλογή ερωτηματολογίου σε γονείς και εκπαιδευτικούς,

2. Δεν θα υπάρξει από δικής σας πλευράς οποιαδήποτε επέμβαση σε συμμετέχοντες για τη λήψη οποιασδήποτε βιολογικής ουσίας για οποιεσδήποτε εξετάσεις, και

3. Δεν τίθεται θέμα παροχής οποιασδήποτε ιατρικής φροντίδας προς τους συμμετέχοντες.

Σύμφωνα με όλα τα πιο πάνω, έχω την άποψη ότι η εν λόγω έρευνα σας δεν χρήζει οποιασδήποτε βιοηθικής αξιολόγησης από την Εθνική Επιτροπή Βιοηθικής Κύπρου.

Σας ενημερώνουμε ότι για σκοπούς καλύτερου συντονισμού και αποφυγής επανάληψης ερευνών με το ίδιο θέμα ή/και υπό εξέταση πληθυσμό μέσα σε σύντομο σχετικά χρονικό διάστημα, η ΕΕΒΚ δημοσιεύει στην ιστοσελίδα της το θέμα της έρευνας, τον φορέα και τον υπό εξέταση πληθυσμό.

Σας ευχόμαστε κάθε επιτυχία στην διεξαγωγή της έρευνάς σας.

Με εκτίμηση,

Δρ. Μιχάλης Βωνιάτης
Πρόεδρος
Εθνικής Επιτροπής Βιοηθικής Κύπρου

Κέντρο Υγείας Έγκωμης, Νίκου Κρανιδιώτη, 2411 Λευκωσία,
Ηλεκτρονικό Ταχυδρομείο: cnbc@bioethics.gov.cy *Ιστοσελίδα:* www.bioethics.gov.cy

Appendix 5a: Ethics Approval from the Cyprus Bioethics Committee (in English)

REPUBLIC OF CYPRUS
CYPRUS NATIONAL BIOETHICS COMMITTEE

File No.: ΕΕΒΚ ΕΠ 2014.01.107
Tel. No.: 22809038 / 039
Fax No.:22353878

August 5th, 2014

Mrs. Angeliki Charalambous
23, Ayias Marinas street
2321 Lakatamia
Nicosia

Subject: "Identificationand Assessment of Social,Emotional and Behavioural Difficulties AmongChildren With and Without Special Educational Needs (SEN)basedonParent and TeacherPerceptions: A ComparisonStudy"

I refer to your letter which you submitted on August 5th, 2014 regarding the above matter, and wish to inform you that after examining your submitted documents (cover letter, detailed research plan and questionnaires) regarding the above research, I have comprehend that:

1. The research you wish to conduct is based on the distribution and gathering of questionnaire to parents and teachers.
2. There will be no interference from your part to participants for the reception of any biological substance for any examination, and
3. No medical care provision towards the participants would be needed.

According to the above, I believe that your research is in no need of any bioethical evaluation by the Cyprus National Bioethics Committee.

We inform you that for purposes of better coordination an avoidance of repetition of researches with the same subject and/or population examination in a relevant small period of time, the CNBE shall publish in its website the subject of the research, the body and the population to be examined.

We wish you all the success in your research.

Regards,
(sgd.) Dr. Michalis Voniatis
President
Cyprus National Bioethics Committee

Engomi Health Center, Nikos Kranidiotis Street, 2411 Engomi, Nicosia
E-mail: cnbc@bioethics.gov.cy, Website: www.bioethics.gov.cy

Appendix 5b: Published online catalogue of the research proposals approved by the Cyprus Bioethics Committee in 2014 with the present research proposal included.

Available from:

<http://www.bioethics.gov.cy/Moh/cnbc/cnbc.nsf/All/90B2C50DD8F3B938C2257CB3003B8C0F/$file/Γνωμοδοτήσεις%202014.pdf>

ΒΙΑ και ΑΝΤΙΚΟΙΝΩΝΙΚΗ ΣΥΜΠΕΡΙΦΟΡΑ		
Attention and emotional processing in young adults with conduct problems and callous unemotional traits	Τμήμα Ψυχολογίας, Πανεπιστήμιο Κύπρου	Έφηβοι ηλικίας 14-18 ετών
Examining Hostile Attribution Bias through narrative text processing	Τμήμα Ψυχολογίας, Πανεπιστήμιο Κύπρου	Έφηβοι ηλικίας 15-18 ετών
Parent control and parent-adolescent conflict as parameters of externalizing and internalizing behaviors: investigating the moderating effects of adolescent's psychopathic traits	Τμήμα Ψυχολογίας, Πανεπιστήμιο Κύπρου	Μαθητές 4ης, 5ης και 6ης τάξης δευτεροβάθμιων δημόσιων σχολείων
Μελέτη και αξιολόγηση των κοινωνικών - συναισθηματικών δυσκολιών και προβλημάτων συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς ειδικές εκπαιδευτικές ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: μια συγκριτική μελέτη	Open University UK	Γονείς και εκπαιδευτικοί παιδιών ηλικίας 6 έως 12 ετών
ΓΕΝΟΣΗΜΑ ΦΑΡΜΑΚΑ		
Οι παράγοντες που επηρεάζουν τη στάση ασθενών-καταναλωτών και επαγγελματιών υγείας σχετικά με τα γενόσημα φάρμακα στην Κύπρο	Πανεπιστήμιο Frederick	Επαγγελματίες υγείας (ιατροί, φαρμακοποιοί) και ασθενείς
ΓΛΩΣΣΙΚΗ ΑΝΑΠΤΥΞΗ		
Προσαρμογή του ερωτηματολογίου Mac Arthur-Bates στην κυπριακή ελληνική	Πανεπιστήμιο Κύπρου	Γονείς παιδιών ηλικίας 6 μηνών μέχρι 3 ετών
ΔΙΑΒΗΤΗΣ		
Implementing shared-decision-making for diabetes care across country settings: what really matters to people?	The London School of Economics and Political Science	Healthcare professionals, patient representatives, and diabetes patients from Cyprus and United Kingdom
Η ποιότητα ζωής ασθενών με σακχαρώδη διαβήτη τύπου II	Πανεπιστήμιο Frederick	Ασθενείς με διαβήτη σε ιδιωτικό νοσηλευτήριο στη Λευκωσία
Αξιολόγηση των διατροφικών συνηθειών και των δεικτών υγείας σε ασθενείς με σακχαρώδη διαβήτη τύπου 2 στο Γενικό Νοσοκομείο Λευκωσίας	Ευρωπαϊκό Πανεπιστήμιο Λευκωσίας	Διαβητικοί ασθενείς στο Γενικό Νοσοκομείο Λευκωσίας
Quality of life in elderly people with diabetes age 50+: a comparison study between type I and type II diabetes	Vaima Medical University	Patients over 50 years old with Diabetes I and Diabetes II
Διερεύνηση γνώσεων και στάσεων ατόμων με σακχαρώδη διαβήτη σχετικά με την πρόληψη και την αντιμετώπιση διαβητικών ελκών	Πανεπιστήμιο Frederick	Ενήλικες διαβητικοί ασθενείς

Appendix 6: Ethics approval from the Ministry of Education and Culture of Cyprus (in Greek)

ΚΥΠΡΙΑΚΗ ΔΗΜΟΚΡΑΤΙΑ

ΥΠΟΥΡΓΕΙΟ
ΠΑΙΔΕΙΑΣ ΚΑΙ ΠΟΛΙΤΙΣΜΟΥ

ΔΙΕΥΘΥΝΣΗ
ΔΗΜΟΤΙΚΗΣ ΕΚΠΑΙΔΕΥΣΗΣ

Αρ. Φακ.: 7.19.46.4/10
Αρ. Τηλ. : 22800665
Αρ. Φαξ : 22809513
E-mail : dde@moec.gov.cy

26 Σεπτεμβρίου, 2014

Κυρία Αγγελική Χαραλάμπους
Αγίας Μαρίνας 23
2321 Λακατάμεια

Θέμα: Άδεια για διεξαγωγή έρευνας με εκπαιδευτικούς και γονείς δημοτικών σχολείων της Λακατάμειας

Αναφέρομαι στη σχετική με το πιο πάνω θέμα αίτησή σας προς το Κέντρο Εκπαιδευτικής Έρευνας και Αξιολόγησης, που υποβλήθηκε στις 6 Ιουνίου 2014, και σας πληροφορώ ότι εγκρίνεται το αίτημά σας για διεξαγωγή έρευνας με εκπαιδευτικούς και γονείς των δημοτικών σχολείων της Λακατάμειας που αναφέρονται στην αίτησή σας, με θέμα *«Μελέτη και αξιολόγηση των κοινωνικών-συναισθηματικών δυσκολιών και προβλημάτων συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς ειδικές εκπαιδευτικές ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: Μια συγκριτική μελέτη»*, την παρούσα σχολική χρονιά 2014-2015, νοουμένου ότι θα ληφθούν υπόψη οι παρατηρήσεις του Κέντρου Εκπαιδευτικής Έρευνας και Αξιολόγησης, οι οποίες σας αποστέλλονται συνημμένα για δική σας ενημέρωση. Θα πρέπει, επίσης, να παρουσιάζετε το Αναλυτικό Σχέδιο Έρευνας, σε περίπτωση που αυτό σας ζητηθεί.

2. Νοείται, βέβαια, ότι πρέπει να εξασφαλιστεί η άδεια των διευθυντών/διευθυντριών των σχολείων που θα επισκεφθείτε, εκ των προτέρων, ώστε να ληφθούν όλα τα απαραίτητα μέτρα για να μην επηρεαστεί η ομαλή λειτουργία τους. Η έρευνα θα πρέπει να διεξαχθεί με ιδιαίτερα προσεγμένο τρόπο, ώστε να μη θίγεται το έργο των εκπαιδευτικών, το σχολικό περιβάλλον ή οι οικογένειες των μαθητών και όλες οι δραστηριότητες που θα αναπτυχθούν πρέπει να εμπίπτουν μέσα στο πλαίσιο που καθορίζεται από το Αναλυτικό Πρόγραμμα. Οι εκπαιδευτικοί πρέπει να λάβουν μέρος στην έρευνα στο μη διδακτικό τους χρόνο. Σημειώνεται, επίσης, ότι τα πορίσματα κρίνεται απαραίτητο να είναι ανώνυμα και οι πληροφορίες που θα συλλεγούν να τηρηθούν απόλυτα εμπιστευτικές και αποκλειστικά και μόνο για το σκοπό της έρευνας.

3. Η παρούσα έγκριση παραχωρείται με την προϋπόθεση ότι τα πορίσματα της εργασίας, θα κοινοποιηθούν μόλις αυτή ολοκληρωθεί, στη Διεύθυνση Δημοτικής Εκπαίδευσης για σχετική μελέτη και κατάλληλη αξιοποίηση.

(Ελπιδοφόρος Νεοκλέους)
Διευθυντής
Δημοτικής Εκπαίδευσης

Κοιν.: Π.Λ.Ε. Λευκωσίας
Επαρχιακό Γραφείο Παιδείας

AT/AT EREVNES

Appendix 6a: Ethics approval from the Ministry of Education and Culture of Cyprus (in English)

REPUBLIC OF CYPRUS
MINISTRY OF
EDUCATION AND CULTURE

DEPARTMENT OF
PRIMARY EDUCATION

Folder No.: 7.19.46.4/10
Tel. No.: 22800665
Fax No.: 22809513
E-mail: dde@moec.gov.cy

26 September 2014

Mrs. AngelikiCharalambous
23, Ayias Marinas street
2321 Lakatamia

Subject: License to conduct research with teachers and parents of Primary Schools inLakatamia

With reference to your application on the above matter to the Centre of Educational Research and Evaluation regarding the above matter, submitted on the 6th of June 2014, I inform you that your application to conduct research with teachers and parents of Primary Schools in Lakatamia mentioned in your application, with the subject *"Identification and Assessment of Social, Emotional and Behavioural DifficultiesAmong Children With and Without Special Educational Needs (SEN), based onParent and Teacher Perceptions: A Comparison Study"*, during the current school year 2014 - 2015 is approved, on the condition that the notes of the Centre of Educational Research and Evaluation, which you may find attached for your information, are taken into consideration. You will also, if asked, have to present the Detailed Research Plan.

2. It is understood, that you have to obtain the Headmasters/Headmistress' licence of the schools that you are going to visit beforehand, in order to take all the necessary measures as to not affect the schools' normal function. The research shall be conducted in a very elaborate way, in order not to disturb the teachers' work, the school environment or the students' families and all the activities that will be developed shall come within the limits defined by the Detailed Research Plan. The teachers will have to participate in the research during their free school time. It is also noted that your finding must be anonymous and that the information that you will collect shall stay confidential and strictly for the research's purpose.

3. The present approval is granted on the condition that the research's finding shall be communicated as soon as the research is completed to the Department of Primary Education for study and proper use.

(sgd.) ElpidoforosNeokleous
Director
Primary Education

C.C.: : Chief Education Officer
District Education Office

Appendix 7: Ethics approval from the Open University

The Open University

From	Dr Duncan Banks Chair, The Open University Human Research Ethics Committee
Email	duncan.banks@open.ac.uk
Extension	59198
To	Angeliki Charalambous, CREET
Subject	*"Identification and Assessment of Social, Emotional and Behavioural Difficulties (SEBD) Among Children With and Without Special Educational Needs (SEN) Based on Parent and Teacher Perceptions: A Comparison Study."*
Ref	HREC/2014/1805/Charalambous/1
AMS (RED)	n/a
Submitted	2 November 2014
Date	24 November 2014

Memorandum

This memorandum is to confirm that the research protocol for the above-named research project, as submitted for ethics review, has been given a **favourable opinion** by the Open University Human Research Ethics Committee. Please note that the OU research ethics review procedures are fully compliant with the majority of grant awarding bodies and their Frameworks for Research Ethics.

Please make sure that any question(s) relating to your application and approval are sent to Research-REC-Review@open.ac.uk quoting the HREC reference number above. We will endeavour to respond as quickly as possible so that your research is not delayed in any way.

At the conclusion of your project, by the date that you stated in your application, the Committee would like to receive a summary report on the progress of this project, any ethical issues that have arisen and how they have been dealt with.

Regards,

Duncan Banks

Dr Duncan Banks
Chair OU HREC

Appendix 8: Conditional permission from the CERE (in Greek)

Σχόλια για ερευνητικές προτάσεις

Θέμα έρευνας:	Μελέτη και Αξιολόγηση των Κοινωνικών - Συναισθηματικών Δυσκολιών και Προβλημάτων Συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς Ειδικές Εκπαιδευτικές Ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: Μία Συγκριτική Μελέτη» (Identification and Assessment of Social, Emotional and Behavioral Difficulties Among Children With and Without Special Educational Needs (SEN) based on Parent and Teacher Perceptions: A Comparison Study)
Κωδικός έρευνας:	164874
Ονοματεπώνυμο Ερευνητή:	Χαραλάμπους Αγγελική
Διεύθυνση στην οποία υποβλήθηκε:	Διεύθυνση Δημοτικής Εκπαίδευσης
Ημερομηνία υποβολής στο ΚΕΕΑ:	01/09/2014

1. **Σκοπός -ερευνητικά ερωτήματα/υποθέσεις**

   Η ερευνήτρια θα πρέπει πρώτα να εξασφαλίσει τη συγκατάθεση της διεύθυνσης κάθε σχολείου πριν προχωρήσει στη χορήγηση των ερωτηματολογίων. Η διεύθυνση του κάθε σχολείου έχει το δικαίωμα άρνησης συμμετοχής στην έρευνα.

2. **Χρησιμότητα-αναγκαιότητα της έρευνας**

   Δεν υπάρχουν παρατηρήσεις.

3. **Διαδικασία συλλογής δεδομένων**

   Δεν υπάρχουν παρατηρήσεις.

4. **Δειγματοληψία**

   Η ερευνήτρια θα ήταν καλό να δώσει ερωτηματολόγια για τους γονείς όλων των μαθητών της κάθε τάξης για να αποφευχθεί το ενδεχόμενο να παρατηρηθούν διακρίσεις στο χειρισμό των μαθητών. Δεδομένης της ευαισθησίας των θεμάτων του ερωτηματολογίου αναμένεται ότι κάποιοι γονείς θα

ζητήσουν εξαίρεση από την έρευνα, γεγονός που ενδέχεται να δώσει στην ερευνήτρια μικρότερο δείγμα από το αναμενόμενο.

5. Ερευνητικά εργαλεία

Τα ερωτηματολόγια παρά το ότι χρησιμοποιούνται ευρέως περιλαμβάνουν κάποιες δηλώσεις οι οποίες πιθανόν να προκαλέσουν αντιδράσεις, κυρίως από γονείς. Για τον λόγο αυτό θεωρείται απαραίτητο, πριν τη χορήγηση των ερωτηματολογίων, κάποιες από τις δηλώσεις που εμπεριέχονται σε αυτά στο να διατυπωθούν με πιο ήπιο ύφος. Για παράδειγμα:

Ερωτηματολόγιο για γονείς (σελ. 3-4):

6. κάνει τα κακά του έξω από την τουαλέτα,

16. είναι σκληρός, μοχθηρός με τους άλλους,

18. προσπαθεί επίτηδες να σκοτωθεί

31. φοβάται μήπως σκεφθεί ή κάνει κάτι κακό (ασάφεια)

73. έχει σεξουαλικά προβλήματα

91. μιλά για αυτοκτονία

96. σκέφτεται το σεξ πάρα πολύ

107. κατουριέται στον ύπνο του

110. επιθυμεί να ανήκει στο αντίθετο φύλο

... κ.λπ.

Επίσης, η ερευνήτρια θα πρέπει να βελτιώσει την ποιότητα εκτύπωσης του ερωτηματολογίου, καθώς είναι δυσανάγνωστο, με μικρό μέγεθος γραμματοσειράς και μουντζούρες

6. Χρόνος απασχόλησης

Δεν υπάρχουν παρατηρήσεις.

7. Χρονική περίοδος έρευνας και αναμενόμενος χρόνος αποτελεσμάτων

Δεν υπάρχουν παρατηρήσεις.

8. Θέματα ηθικής και ερευνητικής δεοντολογίας

Τα ερωτηματολόγια που επισυνάπτει η ερευνήτρια περιέχουν θέματα ευαίσθητου περιεχομένου. Τα ερωτηματολόγια, μετά από εισήγηση του ΚΕΕΑ, έχουν παραπεμφθεί από την ερευνήτρια στην Εθνική Επιτροπή Βιοηθικής Κύπρου, η οποία έκρινε ότι η συγκεκριμένη έρευνα δεν χρίζει οποιασδήποτε βιοηθικής αξιολόγησης.

9. Εισήγηση ΚΕΕΑ

Η έρευνα να προχωρήσει ως έχει για υλοποίηση	
Η έρευνα να προχωρήσει για υλοποίηση, νοουμένου ότι θα γίνουν οι αλλαγές/τροποποιήσεις/εισηγήσεις που επισημαίνονται πιο πάνω	√
Η αίτηση για έρευνα να υποβληθεί ξανά αφού ληφθούν υπόψη τα πιο πάνω	

Appendix 8a: Conditional permission from the CERE (in English)

Centre of Education Research and Evaluation | September 2014

Remarks for research proposals

Research subject:	Identification and Assessment of Social, Emotional and Behavioural Difficulties Among Children With and Without Special Educational Needs (SEN), based on Parent and Teacher Perceptions: A Comparison Study
Research code:	164874
Researcher' name:	CharalambousAngeliki
Submitted:	Department of Primary Education
Date of submission to the CERE:	01/09/2014

1. **Purpose – research questions / hypothesis**
   The researcher shall firstly obtain the approval of each school before distributing the questionnaires. The direction of any school has the right to deny participation in the research.

2. **Usefulness – necessity of the research**
   No remarks.

3. **Date gathering process**
   No remarks.

4. **Sampling**
   The researcher should give questionnaires to the parents of all students of each class in order to avoid any discrimination in the handling of the students. Due to the sensitivity of the questionnaire's subjects, it is expected for some parents to request to be excluded from the research. This may give a smaller sample to the researcher than expected.

5. **Research tools**
   Even though the questionnaires are widely used, these include some statements which could provoke reactions, mostly from parents. For this reason, before the distribution of the questionnaires, it is necessary that some statements included are formulated in a more mild way. For example:
   Parents' questionnaire (pg 3-4):
   6. poops outside the toilet
   16. is mean, spiteful with other,
   18. tries to kill himself
   31. is scared of thinking or doing something evil (vague)
   73. has sexual problems
   91. talks about suicide
   96. thinks of sex a lot
   107. wets his bed
   110. wishes to belong to the other sex
   ... etc.

   Furthermore, the researcher should improve the questionnaire's print quality, in order to be legible, in bigger font and without any stains.

6. **Duration for answering the questionnaire**
   No remarks.

7. **Research duration and results expected time**
   No remarks.

8. **Matters of research ethics**
   The questionnaires the researcher is attaching contain sensitive matters. The questionnaires, after the CERE's proposal, were referred to the Cyprus National Bioethics Committee, which found that the present research is in no need of any bioethical evaluation.

9. **CERE's suggestion**

The research should proceed as it is	
The research should proceed, provided that the changes / amendments / suggestions mentioned above are realized	√
The research application should be resubmitted when the above are taken into consideration	

Receipt No.: 87429
I hereby certify that this text is a true translation of the attached document

I hereby certify that the signature of the translator is that of **Daphne Kodjapashi**

(Sgd.) Nikos Charalambis
For Director
Press and Information Office
REPUBLIC OF CYPRUS 21/10/2014

Appendix 9: Information Sheet for parents (in Greek)

Αγαπητοί γονείς, Αρ. Φακέλου παιδιού: .....

Ονομάζομαι Αγγελική Χαραλάμπους και είμαι Ειδική Δασκάλα σε Δημοτικά σχολεία της περιοχής σας. Στα πλαίσια της διδακτορικής μου διατριβής στο Πανεπιστήμιο OPEN UNIVERSITY UK θα διεξάγω μια έρευνα με τίτλο «Μελέτη και Αξιολόγηση των Κοινωνικών - Συναισθηματικών Δυσκολιών και Προβλημάτων Συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς Ειδικές Εκπαιδευτικές Ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: Μία Συγκριτική Μελέτη» (Identification and Assessment of Social, Emotional and Behavioral Difficulties Among Children With and Without Special Educational Needs Based on Parent and Teacher Perceptions: A Comparison Study).

Σκοπός της έρευνας είναι να μελετήσει, να αξιολογήσει και να συγκρίνει τις απόψεις και αντιλήψεις γονέων και δασκάλων όσον αφορά τις δυσκολίες παιδιών με και χωρις ειδικές εκπαιδευτικές ανάγκες στον κοινωνικό και συναισθηματικό τομέα αλλά και στον τομέα της συμπεριφοράς. Για το σκοπό αυτό, επιλέχθηκαν παιδιά ηλικίας 6 μέχρι 12 ετών, με και χωρίς Ειδικές Εκπαιδευτικές Ανάγκες για να συμπεριληφθούν στο δείγμα της έρευνας.

Για τους σκοπούς της έρευνας, θα πρέπει να συμπληρώσετε ένα ερωτηματολόγιο (Child Behavior CheckList / CBCL 6/18) το οποίο αξιολογεί τις ικανότητες, ενδιαφέροντα, κοινωνικές σχέσεις, σχολική επίδοση, συναισθηματικές δυσκολίες και προβλήματα συμπεριφοράς των παιδιών. Στη συνέχεια, ο/η δάσκαλος/α του παιδιού σας θα συμπληρώσει ένα αντίστοιχο ερωτηματολόγιο. Στο σημείο αυτό θα ήθελα να σας διαβεβαιώσω ότι το ερωτηματολόγιο είναι ανώνυμο (δίνεται μόνο ένας αριθμός φακέλου) και ότι όλα τα δεδομένα που θα συλλεχθούν θα χρησιμοποιηθούν για τους σκοπούς της συγκεκριμένης έρευνας και μόνο. Η ανωνυμία του σχολείου αλλά και όλων των συμμετεχόντων θα διατηρηθεί καθώς δεν θα αναφερθεί πουθενά και σε κανένα σημείο της έρευνας το όνομα του σχολείου ή η περιοχή στην οποία βρίσκεται.

Αν επιθυμείτε να συμπεριληφθεί το παιδί σας στην έρευνα και αν θέλετε να ενημερωθείτε για τα αποτελέσματα όταν αυτή ολοκληρωθεί, παρακαλώ όπως συμπληρώστε τα στοιχεία σας στο έντυπο που επισυνάπτεται (Δήλωση Συμμετοχής). Χρησιμοποιώντας το φάκελο που σας δίδετε, μπορείτε να τον κλείσετε και να τον επιστρέψετε σφραγισμένο. Σε περίπτωση που δεν επιθυμείτε να συμπεριληφθεί το παιδί σας– για οποιονδήποτε λόγο – ή αν σε οποιονδήποτε σημείο της έρευνας επιθυμείτε να εξαιρεθεί – είναι αναφαίρετο δικαιωμά σας και μπορείτε να συμπληρώστε το σχετικό έντυπο (Εξαίρεση παιδιού).

Κάποιες από τις ερωτήσεις μπορεί να μην αρμόζουν σε παιδιά μικρής ηλικίας αλλά αυτό οφείλεται στο μεγάλο ηλικιακό εύρος που καλύπτει το συγκεκριμένο ερωτηματολόγιο (6 έως και 18 ετών)

Σας ευχαριστώ εκ των προτέρων.
Με εκτίμηση,
Αγγελική Χαραλάμπους
e-mail: charalambous_a@hotmail.com

Appendix 9a: Information Sheet for parents (in English)

Dear Sir/Madame, ID number : .....

My name is Angeliki Charalambous and I am a Special Education Teacher in mainstream Primary schools in your area of residence. As a part of the EdD programme at the OPEN UNIVERSITY UK, I will be conducting a research titled "Identification and Assessment of Social, Emotional and Behavioral Difficulties Among Children With and Without Special Educational Needs Based on Parent and Teacher Perceptions: A Comparison Study».

The aim and purpose of this study is to present an overall picture of the existence or absence of agreement between parents and teachers concerning children's social emotional and behavioural problems. For this reason, children aged 6 to 12 years old with and without special educational needs were chosen so as to be part of the research sample.

For research purposes, you as parents/guardians will be asked to complete a questionnaire, namely the Child Behavior CheckList (CBCL 6/18), which evaluates and assesses the skills, interests, social relations, academic competence, as well as social, emotional and behavioral difficulties of children 6 to 18 years of age. Upon completion, your child's classroom teacher will be asked to complete a similar questionnaire. At this point, I would like to assure you that any information obtained will be strictly confidential and will not be used for any other purpose apart from this research. Furthermore, the anonymity of the school, the location and personal information of all the participants will be strictly maintained and will not be revealed in any part of the research.

If you agree your child to take part in this study and you would like to be informed of the results upon completion, please complete the appropriate form (Consent Form). In case you do not wish for your child to be part of the sample you are entitled to do so. Accordingly, if at any time you wish your child to be removed from the sample, again you have the right to do so and you can fill in the appropriate form (Exception/Withdrawal Note).

Some of the questions in the questionnaire might seem unfitting for young children but this is due to the wide age range covered by this particular questionnaire (6 to 18 years of age).

Thank you in advance.
Sincerely,
Angeliki Charalambous
e-mail: charalambous_a@hotmail.com

Appendix 10: Information Sheet for Teachers (in Greek)

Αγαπητοί Συνάδελφοι, Αρ. Φακέλου παιδιού: .....

Ονομάζομαι Αγγελική Χαραλάμπους και είμαι Ειδική Δασκάλα σε Δημοτικά σχολεία της περιοχής σας. Στα πλαίσια της διδακτορικής μου διατριβής στο Πανεπιστήμιο OPEN UNIVERSITY UK θα διεξάγω μια έρευνα με τίτλο «Μελέτη και Αξιολόγηση των Κοινωνικών - Συναισθηματικών Δυσκολιών και Προβλημάτων Συμπεριφοράς ανάμεσα σε παιδιά με και χωρίς Ειδικές Εκπαιδευτικές Ανάγκες, σύμφωνα με τις αντιλήψεις γονέων και δασκάλων: Μία Συγκριτική Μελέτη» (Identification and Assessment of Social, Emotional and Behavioral Difficulties Among Children With and Without Special Educational Needs Based on Parent and Teacher Perceptions: A Comparison Study).

Σκοπός της έρευνας είναι να μελετήσει, να αξιολογήσει και να συγκρίνει τις απόψεις και αντιλήψεις γονέων και δασκάλων όσον αφορά τις δυσκολίες παιδιών με και χωρις ειδικές εκπαιδευτικές ανάγκες στον κοινωνικό και συναισθηματικό τομέα αλλά και στον τομέα της συμπεριφοράς. Για το σκοπό αυτό, επιλέχθηκαν παιδιά ηλικίας 6 μέχρι 12 ετών, με και χωρίς Ειδικές Εκπαιδευτικές Ανάγκες για να συμπεριληφθούν στο δείγμα της έρευνας.

Για τους σκοπούς της έρευνας και αφού οι γονείς των παιδιών που επιλέχθηκαν συμπληρώσουν ένα ερωτηματολόγιο, θα πρέπει και εσείς με τη σειρά σας να συμπληρώσετε ένα αντίστοιχο, το Ερωτηματολόγιο Συμπτωμάτων Προβληματικής Συμπεριφοράς για Δασκάλους (Teacher Reference Form) το οποίο αξιολογεί τις ικανότητες, ενδιαφέροντα, κοινωνικές σχέσεις, σχολική επίδοση, συναισθηματικές δυσκολίες και προβλήματα συμπεριφοράς των παιδιών. Στο σημείο αυτό θα ήθελα να σας διαβεβαιώσω ότι το ερωτηματολόγιο είναι ανώνυμο (δίνεται μόνο ένας αριθμός φακέλου) και ότι όλα τα δεδομένα που θα συλλεχθούν θα χρησιμοποιηθούν για τους σκοπούς της συγκεκριμένης έρευνας και μόνο. Η ανωνυμία του σχολείου αλλά και όλων των συμμετεχόντων θα διατηρηθεί καθώς δεν θα αναφερθεί πουθενά και σε κανένα σημείο της έρευνας το όνομα του σχολείου ή η περιοχή στην οποία βρίσκεται.

Αν επιθυμείτε να συμμετέχετε στην έρευνα και αν θέλετε να ενημερωθείτε για τα αποτελέσματα όταν αυτή ολοκληρωθεί, παρακαλώ όπως συμπληρώστε τα στοιχεία σας στο έντυπο που επισυνάπτεται (Δήλωση Συμμετοχής). Σε περίπτωση που δεν επιθυμείτε να συμμετάσχετε – για οποιονδήποτε λόγο – ή αν σε οποιονδήποτε σημείο της έρευνας επιθυμείτε να εξαιρεθείτε, είναι αναφαίρετο δικαιωμά σας και μπορείτε να συμπληρώστε το σχετικό έντυπο (Εξαίρεση Εκπαιδευτικού).

Κάποιες από τις ερωτήσεις μπορεί να μην αρμόζουν σε παιδιά μικρής ηλικίας αλλά αυτό οφείλεται στο μεγάλο ηλικιακό εύρος που καλύπτει το συγκεκριμένο ερωτηματολόγιο (6 έως και 18 ετών)

Σας ευχαριστώ εκ των προτέρων.

Με εκτίμηση,

Αγγελική Χαραλάμπους
e-mail: charalambous_a@hotmail.com

Appendix 10a: Information Sheet for Teachers (in English)

Dear Colleagues, ID Number: .....

My name is Angeliki Charalambous and I am a Special Education Teacher in mainstream Primary schools in your area of residence. As a part of the EdD programme at the OPEN UNIVERSITY UK, I will be conducting a research titled "Identification and Assessment of Social, Emotional and Behavioral Difficulties Among Children With and Without Special Educational Needs Based on Parent and Teacher Perceptions: A Comparison Study».

The aim and purpose of this study is to present an overall picture of the existence or absence of agreement between parents and teachers concerning children's social emotional and behavioural problems. For this reason, children aged 6 to 12 years old with and without special educational needs were chosen from a number of schools in your area.

For research purposes, you will be asked to complete a questionnaire, namely the Teacher's Reference Form (TRF 6/18), which evaluates and assesses the skills, interests, social relations, academic competence, as well as social, emotional and behavioral difficulties of children 6 to 18 years of age. At this point, I would like to assure you that any information obtained will be strictly confidential and will not be used for any other purpose apart from this research. Furthermore, the anonymity of the school and all the participants will be strictly maintained.

If you agree to take part in this study and you would like to be informed of the results upon completion, please complete the appropriate form (Consent Form). In your classroom there will be a box in which you can drop in the questionnaire, in the sealed envelope provided. In case you do not wish to take part in the study you are entitled to do so – no questions asked. Accordingly, if at any time you wish to be removed from the sample, again you have the right to do so and you can fill in the appropriate form (Exception/Withdrawal Note from Research).

Some of the questions in the questionnaire might seem unfitting for children of very young age but this is due to the wide age range of this particular questionnaire (6 to 18 years of age).

Thank you in advance.

Sincerely,
Angeliki Charalambous
e-mail: charalambous_a@hotmail.com

Appendix 11: Consent form for parents (and withdrawal note in Greek)

Δήλωση συμμετοχής στην έρευνα

Επιθυμώ όπως το παιδί μου συμπεριληφθεί στην έρευνα.

Όνομα Γονέα/Κηδεμόνα: ..... Αρ. Φακέλου:.....
Υπογραφή: .....

Επιθυμώ να ενημερωθώ για τα αποτελέσματα της έρευνας όταν αυτή ολοκληρωθεί: ☐

Ηλεκτρονικό Ταχυδρομείο: .....

Εξαίρεση παιδιού από την έρευνα

Θα επιθυμούσα όπως εξαιρεθεί το παιδί μου με Αρ. Φακέλου ..... από την έρευνα.

Όνομα Γονέα / Κηδεμόνα: .....
Υπογραφή: .....

Appendix 11a: Consent form for parents and withdrawal note (in English)

Consent Form

I would like for my child to be part of the research sample.

Full Name: ..... ID number:.....

Signature: .....

I wish to be informed of the results of this research upon completion: ☐

e-mail address: .....

Exclusion / Withdrawal Note

I would like for my child (ID number .....) to be excluded / withdrawn from the research.

Full Name: .....

Signature: .....

Appendix 12: Consent form for teachers and withdrawal note (in Greek)

Δήλωση συμμετοχής στην έρευνα

Επιθυμώ να λάβω μέρος στην έρευνα.

Όνομα Εκαιδευτικού: .....

Αρ. Φακέλου παιδιού:.....

Υπογραφή: .....

Επιθυμώ να ενημερωθώ για τα αποτελέσματα της έρευνας όταν αυτή ολοκληρωθεί: ☐

Ηλεκτρονικό Ταχυδρομείο: .....

Εξαίρεση Εκπαιδευτικού

Δεν επιθυμώ να λάβω μέρος στην έρευνα.

Όνομα Εκπαιδευτικού: .....

Αρ. Φακέλου παιδιού: .....

Υπογραφή: .....

Appendix 12a: Consent form for teachers and withdrawal note (in English)

Consent Form

I would like to take part in the study.

Full Name: ..... ID number:.....

Signature: .....

I wish to be informed of the results of this research upon completion: ☐

E-mail address: .....

Exclusion / Withdrawal Note

I would like to be excluded / withdrawn from the research.

Full Name: ..... ID number:.....

Signature: .....

Appendix 13: Data Analysis: Example from working on a transcript during the initial stages of the data analysis (Parent 1)

<table>
<tr><th colspan="3"><u>Codes used during data analysis of the interviews</u></th></tr>
<tr><td>Topics of the aide-mémoire</td><td colspan="2">ColCom: collaboration and communication
ParViewTC: parental views of teacher for child
ParViewC: parental views of child
Coin: Coincide Views
MResp: Main Responsibility</td></tr>
<tr><td>codes used based on the topics of the aide-mémoire</td><td colspan="2">PRoles: parental roles (yellow colour)
ShHelp: sharing and helping / division of roles (light green colour)
ComSh: communication and sharing (purple colour)
StExplC: storing and exploding child (red colour)
AcL: Academics and learning (blue colour)
ShaV: Shared Views (dark green colour)</td></tr>
<tr><td>codes added during the initial stages of data analysis</td><td colspan="2">TQ: Teacher Qualities (pink colour)
PB: Parental Beliefs (cyan colour)
PT: Peer trouble (grey colour)
PS: Parenting Style (brown colour)
ConflCT: Conflict Child and Teacher (dark grey)
EC: Emotion Child (Teal colour)
ShC: sharing Child (dark blue)</td></tr>
<tr><th colspan="3"><u>Interview with Parent 1</u></th></tr>
<tr><th>Question</th><th>Response</th><th>Codes</th></tr>
<tr><td colspan="3">Note:
A: stands for Angela highlighted in dark yellow colour
P1: stands for Parent 1
Time: minutes on the tape recorder</td></tr>
</table>

MResp: Are you the one that takes your child to school in the morning?	P1: 0:07 yes	
MResp: Are you the one that is mostly in charge of your child's educational and academic matters? (school, afternoon activities …) Does the husband help in any way?	P1: 0:21 With homework no [I do not help] with the afternoon activities yes … - [A: Ok, does the husband help in any way?] P1: 0:26 Yes, the husband deals with the homework, with the education … he is good at it … he is a teacher	ShHelp PRoles
ColCom: collaboration and communication How often do you talk with your child's teacher?	P1: 0:40 I try to see her like at least 3 times per year … so I see her 3 times	ComSh
ColCom: collaboration and communication Has the teacher ever ask you to come and talk about your child's progress?	P1: 0:54 no	
ColCom: collaboration and communication Can you recall something that happened that puzzled you and you felt the need to share it with the teacher? If yes, do you feel that it is resolved and that the teacher did help?	P1: 1:08 ehm ... with the school no but there were times I felt troubled by her behavior and I just wanted to see if this happens at school as well… - [A: Ah ok, not only at home so at school as well …] P1: 01:29 Yes, I think ehm that the teacher showed understanding because she also had noticed some changes in her behavior and because I think that if my child hears the same thing from the parent and from a teacher …it can make a difference	ComSh TQ TQ & ComSh
ParViewTC: parental views of teacher for child Has the teacher ever expressed any concerns about your child?	P1: 02:08: ah Yes, during all the times that I went to see her what she shared as a worry was the ehm she had low self-esteem when she should not, given her cognitive level, I mean that she is very good she does	ComSh EC AcL

	not have self-confidence, she will not raise her hand in the classroom or she will raise it tentatively in case she says something wrong. I think these are the things that I picked up (noticed/tracked)	EC
Behavior wise e.g. disruptive, fights, swears, argues …	- [A: 2:32: As far as her behavior is concerned, did she get into a fight, swear, being disruptive …]	
	P1: 02:38: No, yes she did get into a fight and also the teacher said … ehm did she call me [the teacher] that time? I think that she might have called me … because you asked me before but … anyway there was an incident and the teacher told me that she pulled her classmates' hair … while the child presented things kind of differently, but anyway …	PT ComSh PT ConflCT & ShC
Classroom and academics e.g. fails to finish, poor school, wants to be perfect, fears school, worthless …	P1: 03:15 Wanting to be perfect yes she might want to be a bit … she has the 'wanting to be perfect' a bit	EC
	- [A: Wanting to please the teacher?]	
	P1: 3:23Yes she does [want to please the teacher], and she has an issues if she … for instance these days she is very angry because she thought that her teacher embarrassed her in front of the whole classroom because she did not went well at a test, yes to my child … on Thursday a lot … she would come home angry and say 'I am angry because mrs… this told me in front of all the others …' yeah … ok	EC EC ConflCT and EC ShC
Socially e.g. lonely, jealous, teased, not get along, not liked …	- [A: socially; has the teacher mentioned being lonely, having trouble with her girlfriends …]	
Emotionally e.g. frustrated, stores up, strange behavior, whining …	P1: 03:58 No no, nothing, she is ok, lonely no.	EC

	- [A: so socially she does not have any issues, feeling lonely, being jealous, being teased, not get along with others …] 04:21No no - [A: emotionally, being frustrated? Storing up] 04:30 She stores up and she explodes, and she gets angry with the slightest thing	STExplC EC
ColCom: collaboration and communication Do you feel that you have a good relationship with the teacher?	04:46 Ehm, yes all the times that I went, I talk with her just fine. Nop, yeah I am fine [with her]	ComSh
ColCom: collaboration and communication Do you feel that the teacher makes an effort with your child? (e.g. being supportive, warm, wants to have a good relationship with your child …),	05:07 I think so yes	ShaV
Coin: coincide views Do you feel that your views and perceptions coincide (e.g. on your child's academic performance, on behavioral manifestations, on social and emotional matters …)?	05:21 Yes, yes	ShaV
ParViewC: parental views of child Is there anything that troubles you about your child: **Behavior wise** e.g. nervous, attacks others, tantrums, **education wise** e.g. cannot concentrate, disobedient at school, breaks rules	05:41 Ok, she has temper tantrums, which trouble me but maybe this is because she stores up … she is a child that gets stressed easily, a child that has the notion of justice and injustice highly, she is very responsible … all these [things] are creating stress, she becomes stressed. ok, I talked to the teacher about it and I think hat she did what she could do [to help]. Although my daughter	StExplC EC EC ComShr

Socially e.g. feeling lonely, being teased, having bad friends **Emotionally** e.g. nervous, feeling unloved, argues …	does not want to see her [does not like her] … what can we do about it [there is nothing we can do] … οκ P1: 06:25 So my daughter's opinion does not coincide with mine - [A: 06:27 but it coincides with the teacher's view] P1: 06:32 Yes - [A: Difficulties concentrating? does not obey rules?] P1: 06:40 No no	ConflCT ConflCT & ShC
ParViewC: parental views of child Does your child confide in you, i.e. something that might be troubling him/her?	P1: 06:56 Yes yes she talks to me	ShC
Anything else that you might want to add?	P1: 07:04 Concerning what? - [A: In general, … Something you think is important to add …] P1: 07:15 For my child? - [A: … for school, anything] P1: 07:23 No no	

Appendix 13a: Data Analysis: Example from working on a transcript during the initial stages of the data analysis (Teacher 1)

Codes used during data analysis of the Teacher interviews		
Topics of the aide-memoire	Com: communication ColR: collaboration and relationship TViewPC: teacher views of parent for child TViewC: teacher views of child Coin: Coincide Views	
Initial codes used based on the aide-memoire	ComSh: communication and sharing (purple colour) StExplC: storing and exploding child (red colour) AcL: Academics and learning (blue colour) ShaV: Shared Views (dark green colour)	
codes added during the initial stages of data analysis	PT: Peer trouble (grey colour) ConflCT: Conflict Child and Teacher (dark grey) EBC: Emotion Behavior Child (Teal colour) Fut: Future (green) ComShC: Communication and sharing with child (yellow colour)	
Interview with Teacher 1		
Question	**Response**	**Codes**
Note: A: stands for Angela highlighted in dark yellow colour T1: stands for Teacher 1 Time: minutes on the tape recorder		
Com: communication How often do you talk with your child's parent?	T1: 0:20 quite often I would say because we had some issues with the child … so I would say at least once a month we talked [with her mother]	ComSh

Com: communication Has the parent ever ask you to come and talk about the child's progress?	T2: 0:42 Yes, yes, sometimes it was arranged this way and some other she would come because I would call her to come to discuss a couple of things.	ComSh
ColR: collaboration and relationship Can you recall something that happened that puzzled you and you felt the need to share it with the parent?	T2: 1:00 yes, yes it was the child's behavior, which was a bit strange when it comes to her relationship with the other girls … she had issues with her friends and her character is quite peculiar, the child is quite peculiar so there was a lot of friction happening with her friends so we had to … and some instances during which she had an extreme behavior… things that made me call her mother to come and talk about them.	ComSh PT EC PT EC & StExplC ComSh
If yes, do you feel that it is resolved and that the parent did help?	T2: 1:40 yes yes she was very accepting because she recognized some behavioral characteristics, which were evident at home as well… so ok it helped a bit because she [the mother] could talk to her so as to walk o common ground when it comes to her behaviors … so as … it was very important for her to know that there is communication with home about what happens at school … so this helped smoothing things out and for her behavior becoming a bit more controlled	ComSh ComSh
TViewPC: teacher views of parent for child Has the parent ever expressed any concerns about the child: **Behavior wise** e.g. disruptive, fights, swears, argues … **Classroom and academics** e.g. fails to finish, poor school,	T2: 2:30 yes, yes … for academics it was clear that we did not have any difficulties … we had a few issues because the class is a bit lethargic (hypotonic), the child is also bit hypotonic but behavior wise the mother also acknowledged that the child has emotional bursts and a kind of strange behavior	AcL AcL StExplC & EBC

wants to be perfect, fears school, worthless … **Socially** e.g. lonely, jealous, teased, not get along, not liked … **Emotionally** e.g. frustrated, stores up, strange behavior, whining …	sometimes … we talk about it extensively on how we could help … so surely the mother was very accepting in how she is at school because she would compare [the behavior] at home. - [A: 03:16 as far as the social part is concerned … you told me that she had some issues with other girls …] T1: 03:20 yes … - [A: And the mother acknowledged this problem? She had some …] T1: 03:28 she did acknowledge the behavioral issue because she had the emotional bursts at home – because the child had emotional bursts/explosions with her friends, intense emotional bursts and an aggressive behavior sometimes - [A: 3: 42 verbally or/and physically?] T1: 03:44 both, physically she would pull their hair and say things that were not very … 'you are a goat' for instance …. - [A: 03:58 … and name calling?] T1: 04:00 and name calling … ehm XXXXX acknowledged it, and the mother acknowledged it too that she has this leading personality, she wants to be the leader, and make the call on what happens in her interpersonal relationships, and this is an issue that caused a lot of problems … and still does [cause problems]. Another issues if that she would not accepts her mistakes, even in her work, she might do something wrong e.g. in Math and she would come	ComSh ComSh StExplC PT EBC PT & EBC ComShC PT & EBC ComSh EBC PT EBC AcL

	up to me and find the mistakes and mark them and she would leave feeling angry because I found mistakes. She would frown … yes … or sometimes when prompted 'come on XXXXX you can do more' because it is a very hypotonic classroom and even XXXXX is lost in this classroom … she is not the child that would … she is almost a straight A [student] because I cannot say that she is clearly a straight A but she is one of the best in the classroom and her oral participation is very low. When prompted to do something 'come on my XXXXXX' even this might make her agitated and become more distant [withdrawn]. She has an unusual character … - [A: 05:17 so the child exhibits similar behavior at home, the behavior was alike …] T1: 05:23 at home she exploded … one thing that the mother shared and it made an impression – weird impression - it was that the mother once justified these explosions because the child had taken up too many things at the house with her own initiative and that she cannot handle them and gave me an example that the child was responsible for fixing breakfast every morning for the whole family. And maybe this was causing her anxiety and explosions. For me is a bit strange for a child to take up the responsibility of making breakfast for the whole family or I do not know … it was kind of weird I would say, I don't know the exact circumstances at the house	ConflCT EBC AcL EBC StExplC ComSh EBC EBC & StExplC EBC

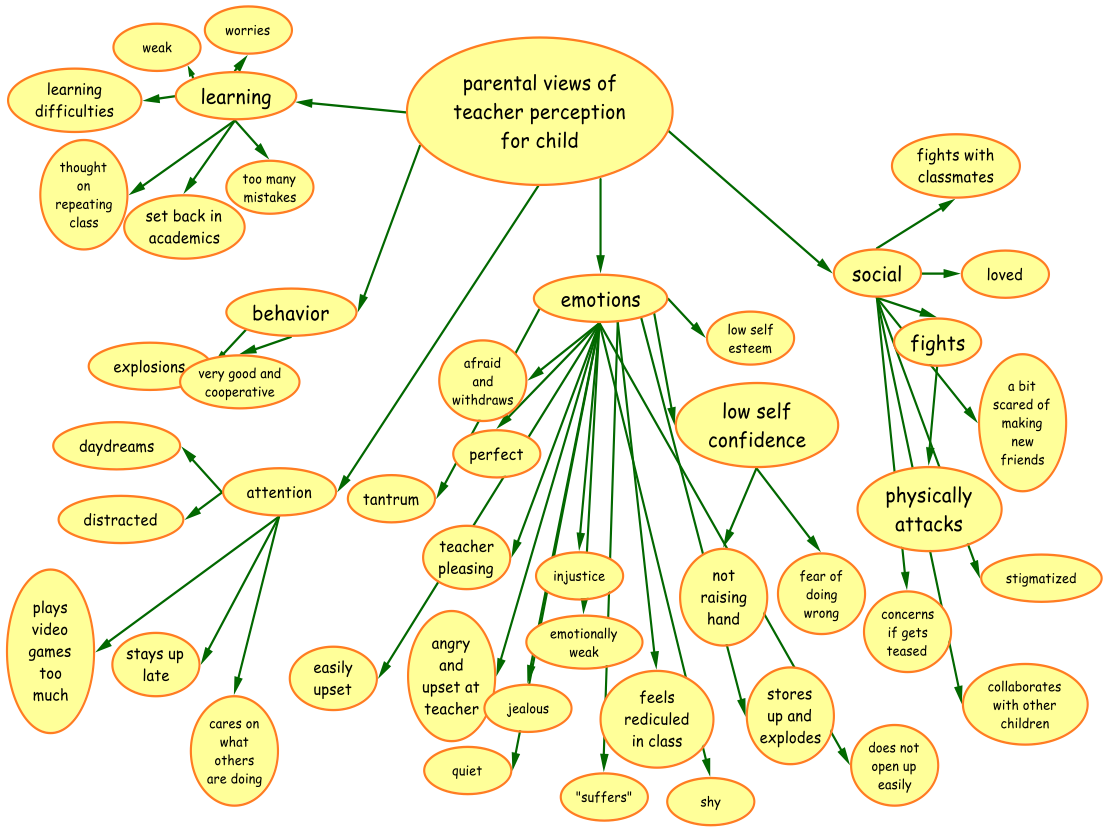
ColR: collaboration and relationship Do you feel that you have a good relationship with the parent?	T1: 06:12 yes, pretty good, pretty good yes.	ComSh
ColR: collaboration and relationship Do you feel that the parent makes an effort with the child? (e.g. being supportive, warm, …)	T1: 06:21 I believe so yes, … to the extent that she thinks that she has to intervene I think that she is making effort, because she told me that she talks to a friend of her who is a psychologist on how she can help so, ehm, she makes efforts because she acknowledges [understands] the situation…	ComSh ShaV
Coin: Coincide Views Do you feel that your views and perceptions coincide (e.g. on the child's academic performance, on behavioral manifestations, on social and emotional matters …)?	T1: 06:57 I think so yes, this is the impression that I ve been given	ColSh
TViewC: teacher views of child Is there anything that troubles you about the child: **Behavior wise** e.g. nervous, attacks others, tantrums, **education wise** e.g. cannot concentrate, disobedient at school, breaks rules **Socially** e.g. feeling lonely, being teased, having bad friends **Emotionally** e.g. nervous, feeling unloved, argues …	T1: 07:10 Ok…. an area of concern is this [her behavior] because I think that she will continue to have behavior issues because she has an unusual character and see things in her own way and she would report others even if it is … not something that concerns her … she has a bitterness … this is how I could interpret it … a bitterness towards other children … if [they] do better than her … Ehm this is one area that the child has issues and the second is that, although she is almost a straight A student, and I say almost but she is having trouble acquiring new knowledge, she is not a quick thinker I mean she struggles to understand something new … - [A: Right away … and she needs to put effort ….]	EBC Fut EBC PT EBC EBC & PT AcL

	T1: 08:08 she puts a lot of effort and she needs to repeat to understand, built new knowledge. Ehm… this is evident and from her participation, her facial expression … she will not pick up the new [element]. She is good because ehm… she puts a lot of effort in trying to conquer something new … and I am telling you, not from the first time.	AcL & EBC
TViewC: teacher views of child Does your child confide in you, i.e. something that might be troubling him/her?	T1: 08:45 yes, yes she would come to me and tell me many things that happened with her friends … ehm…. Because most of the times she felt that trouble started from them [their behavior]. Ok, we would talk about it … ehm in the presence of the other child involved and try to find what could be done …. And we would end up at a point where I told her 'if you think that you can not be friends and if you do not like something that is happening you can distance yourself from this child' there is no need because you were friend for a long time … - [A: to continue …] T1: 09:20 … that you have to be attached to something if it does not please you. This is something that I would say to all students, let's say ok I will try but if I realize that we are very different and that we fight all the time I can make new friends. - [A: 09:26 to distance herself …] T1: 09:36 Ehm, yes but she had … her mother used to tell me many times that ehm she likes talking to me and that the things that I tell her, she keeps them	ComShC PT ComShC ComShC PT EBC PT ComSh ComShC

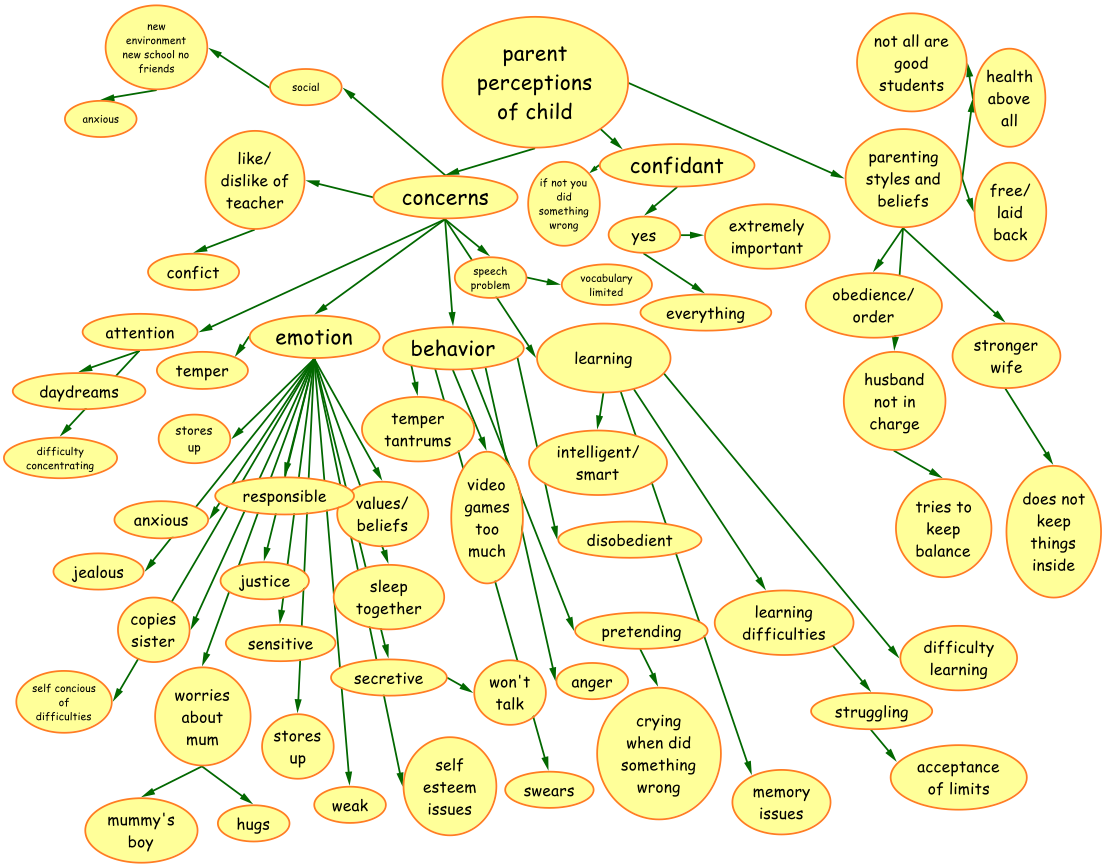
	in mind, as far as interpersonal relationships are concerned. Ehm … OK	
TViewC: teacher views of child Anything else that you might want to add?	T1: 10:00 ehm … what can I tell you … OK she is good kid, she is a good kid …ehm … she has to handle the issue of … her behavior and to gain more self-confidence to be a more active student because she is hypotonic, she has capabilities if she tries harder … she will definitely be a lot better, but she is a good kid with many capabilities.	EBC EBC AcL AcL EBC

Appendix 14: Visual presentation of Parent's perception on collaboration with teachers

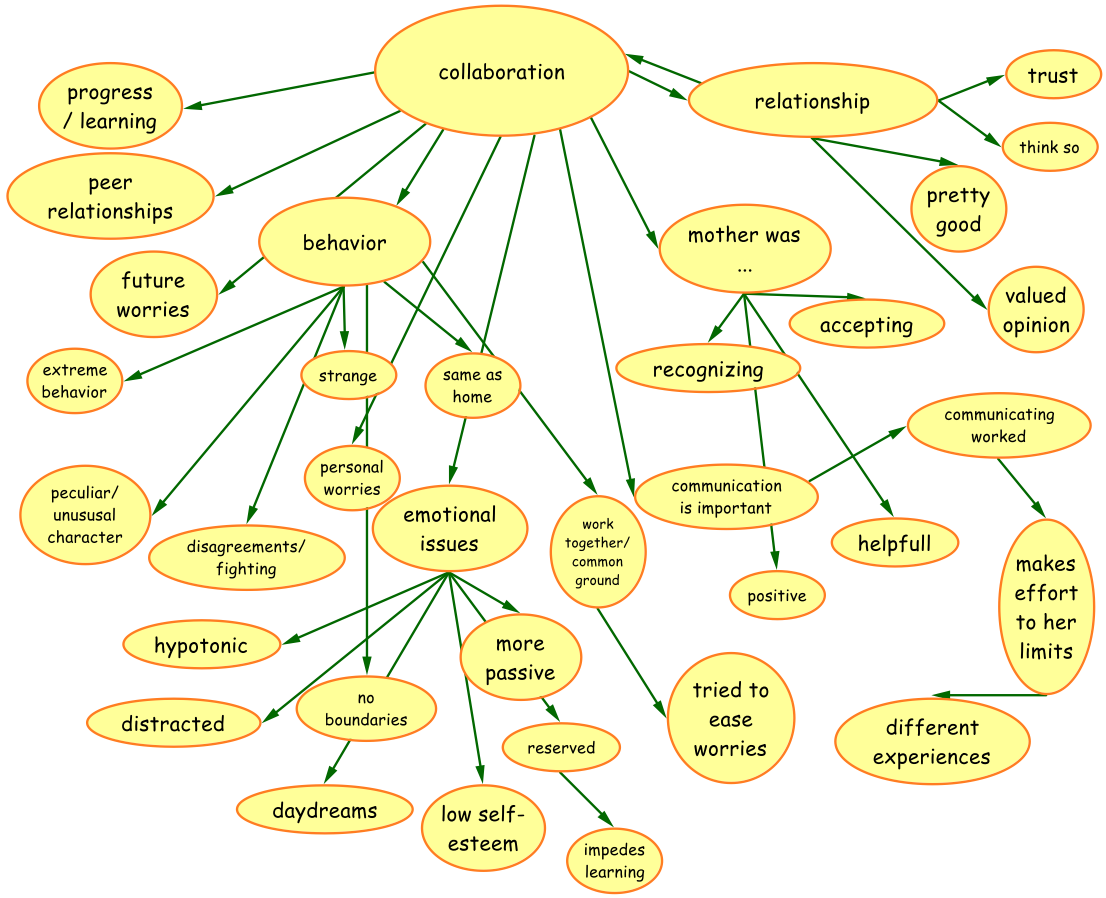
Appendix 14a: Visual presentation of Parental views of teacher perceptions about child



Appendix 14b: Visual presentation of Parental perceptions of child



Appendix 14c: Visual presentation of Teacher perception on collaboration with parents



Appendix 15: Personal e-mail from the official Distributor of CBCL and TRF for Greece concerning the exclusion of a participant with severe autism

Re: Info gia CBCL kai TRF erwtimatologia

[redacted]
Thu 5/7/2015, 2:22 PM
You

Reply

CBCL

Αγαπητή Αγγελική

[redacted]

Όσο για τον αυτισμό, σίγουρα δεν είναι κατάλληλο εργαλείο για σοβαρό αυτισμό, μπορεί όμως να χρησιμοποιηθεί για το ευρύ φάσμα του αυτισμού (Asperger, και άλλες ήπιες μορφές).

Με εκτίμηση
[redacted]

Στις 5 Μαΐου 2015 - 9:40 μ.μ., ο χρήστης Angeliki Charalambous <charalambous_a@hotmail.com> έγραψε:

Αγαπητή κα [redacted]!

[redacted]

Επίσης, θα ήθελα να σας ρωτήσω κατά πόσο το CBCL μπορεί να χρησιμοποιηθεί και για παιδιά με αυτισμό - ο λόγος που ρωτώ είναι γιατί σε κάποια έρευνα διάβασα ότι το CBCL δεν μπορεί να χρησιμοποιηθεί για παιδιά που είναι στο αυτιστικό φάσμα.

Με εκτίμηση
Αγγελική Χαραλάμπους

Appendix 16: Cross-informant comparisons for parents and teachers of children with SEN

Case	Cross - informant Agreement SEN group	*Q* correlation	Case	Cross - informant Agreement SEN group	*Q* correlation
01	Average	0.21	**13**	Average	0.32
02	Average	0.17	**14**	Above Average	0.51
03	Below Average	-0.10	**16**	Average	0.36
04	Average	0.25	**17**	Average	0.37
05	Above Average	0.41	**18**	Above Average	0.53
06	Below Average	0.05	**19**	Above Average	0.44
07	Average	0.35	**20**	Above Average	0.52
08	Above Average	0.41	**21**	Above Average	0.40
09	Average	0.32	**22**	Below Average	0.00
10	Average	0.34	**23**	Average	0.11
11	Average	0.09	**24**	Average	0.14
12	Average	0.13	**25**	Average	0.34

Appendix 16a: Cross-informant comparisons for parents and teachers of children with NoSEN

ID	Cross - informant Agreement NoSEN group	*Q* correlation	ID	Cross - informant Agreement NoSEN group	*Q* correlation
30	Average	0.22	**58**	Below Average	-0.04
31	Average	0.12	**59**	Average	0.25
32	Below Average	-0.02	**60**	Below Average	-0.03
33	Below Average	-1.00	**61**	Below Average	-1.00
34	Above Average	0.43	**62**	Below Average	-0.02
35	Average	0.31	**63**	Average	0.36
36	Below Average	-0.01	**64**	Above Average	0.44
37	Below Average	-0.04	**65**	Average	0.12
38	Below Average	0.04	**66**	Below Average	0.05
39	Below Average	-0.03	**67**	Below Average	-1.00
40	Below Average	0.06	**68**	Below Average	0.02
41	Above Average	0.51	**69**	Below Average	-1.00
42	Average	0.22	**70**	Average	0.12
43	Below Average	-1.00	**71**	Average	0.13
44	Average	0.19	**72**	Below Average	0.07
45	Average	-1.00	**73**	Average	0.19
46	Average	0.15	**74**	Below Average	-0.06
47	Below Average	-1.00	**75**	Below Average	-1.00
48	Below Average	-1.00	**76**	Below Average	-0.06
49	Below Average	-1.00	**77**	Below Average	-1.00
50	Below Average	-1.00	**78**	Average	0.35
52	Above Average	0.38	**79**	Below Average	-0.02
53	Below Average	-1.00	**80**	Below Average	-1.00
54	Below Average	-1.00	**81**	Average	0.30
55	Below Average	-0.08	**82**	Below Average	-0.06
56	Below Average	-0.09	**83**	Average	0.37
57	Above Average	0.39			